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ABSTRACT

These four quarterly reports for 1998 provide a forum for scholarly reviews and discussions of developmental research and its implications for the policies affecting children. The first issue focuses on fathering. The main article addresses perspectives of fathers' involvement in children's lives in developing countries, specifically, issues of a father's role around the world, effects of fathers on children, theories of father involvement, and implications of programs. A second article in this issue addresses U.S. policy initiatives concerning fathering. The second issue for 1998 focuses on child care subsidies. The main article investigates child care subsidies, specifically the growing interest in child care policy, limitations, delivery systems, quality, supply, and models for research. A second article addresses President Clinton's child care initiative. The third issue for 1998 focuses on welfare. The article, "Implications of the 1996 Welfare Legislation for Children: A Research Perspective," addresses welfare legislation, evaluation findings and basic research, new studies, and interconnections of welfare and other policies. The fourth issue for 1998 examines the growing number of children living in poverty and programs aimed at assisting these children. The feature article, "Improving the Life Chances of Children in Poverty: Assumptions and What We Have Learned," addresses: (1) assumptions underlying child poverty programs; (2) interventions including child-focused, parenting, adult-focused, and two-generation; (3) examining assumptions underlying two-generation programs; and (4) conclusions. (SD)

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SOCIAL POLICY REPORT
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Volume XII, Number 1 1998

Fathers' Involvement with Children: Perspectives from Developing Countries

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Fathers and men in families represent one of the most important—yet in many cases untapped—resources for children's well-being. In the U.S., we have seen a renewed interest in fathers. In many other parts of the world, however, social service programs continue to target mothers and children, ignoring the role of men in the lives of children. A new movement led by agencies such as UNICEF, the Population Council, and the Consultative Group for Early Childhood Care and Development is attempting to rectify this situation with conferences, publications, and program initiatives to include men, but these efforts are small and are often perceived as threatening by groups who have struggled long and hard to bring women's issues to the forefront (Engle, 1995a; Engle & Alatorre Rico, 1994; Evans, 1995; Richardson, 1995).

Whereas a wealth of research on fathers' involvement with children has appeared in the U.S. in the past 20 years, literature from developing countries is much more limited. Why might Americans find it important to understand the role and influence of fathers in other cultures? If we are concerned about the welfare of children in general, we must recognize that in the next decade, 95% of births will be to families in the developing world (United Nations ACC/SCN, 1992). In the U.S., the proportion of children from ethnically diverse populations is increasing, at least in selected states, such as California. Some of these groups, particularly those who are recent immigrants, will have different views of the appropriate role and behavior of fathers than the majority culture. Services directed toward families would benefit from a greater understanding of these conceptions of fatherhood and how they vary according to level of acculturation, socioeconomic status, and cultural background. As experts in developmental psychology and related disciplines, we can make

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a significant contribution to research in this area, and it may be our responsibility to do so. As has been argued, a high percentage of the professional resources in psychology are in the U.S., where the problems facing children may be less daunting than in other parts of the world (Nsamenang, 1992a).

In discussing fathers, cross-culturally, it is necessary to expand the concept to men as they function within families. Although the father role (*Pater*) is recognized in all cultures, the person who plays this role may or may not be the biological father. Responsibility for children may fall to the mother's brother (Townsend, in press, in Botswana); or be taken or shared by older male kin such as the grandfather (Richardson, 1995, in Vietnam). A "social father" may take responsibility for all of the children a woman has, even though some were biologically the children of another man.

Current economic instability in both developed and developing parts of the world and the inability of institutions and families of residence to increase their contributions to children's well-being have led some governments and representatives of national and international development agencies to a search for additional sources of support for children (Bruce, Lloyd, & Leonard, with Engle & Duffy, 1995). Agencies have tried previously to improve the welfare of children by increasing male income, but changes in children's nutritional status and health were often far less than expected (Marek, 1992). Recently, agencies, recognizing that women are more likely than men to use their income to support children (e.g., Jackson, 1996), have sponsored income-generating projects for women, such as the Grameen Bank (Todd, 1996). This approach has many benefits for both women and children, but it may place too many expectations on already overburdened women, perhaps reducing their personal well-being or their ability to care for their children (McGuire & Popkin, 1990). Thus international agencies are motivated to increase understanding of men's economic contribution to children.

Whether or not the father lives with the family does not always determine his economic contribution or involvement with children. In the Caribbean, for example, many men contribute to their children's support but have only visiting relationships with their children's mother (Brown, Bloomfield, & Ellis, 1994). On the other hand, fathers may be co-resident in the household but not provide economic support for the family due to poverty, lack of employment, or inappropriate spending patterns (e.g., alcoholism or drug addiction).

The topics discussed here represent those which are of interest to national and international development agencies. They are not always congruent with the concerns of the research community examining the effects of fathers on children or patterns of father involvement. This report cannot do justice to the complexity of many of the issues concerning the effects of fathers on children or variations in men's role as fathers; rather, it attempts to describe the major areas of concern of the development community and to suggest possible program strategies from both the U.S. literature and international perspectives, where available. Several reviews of fathering have appeared recently that discuss more extensively the effects of fathers on children (e.g., Lamb, 1997; Parke, 1995, 1996; Thompson & Calkins, 1996).

This report has four sections:

(1) descriptions of the status of men in families from statistics and case studies;
(2) analysis of some of the possible effects of fathers on young children;
(3) some theoretical perspectives on variations in father involvement, both between and within cultures; and
(4) examples of program options and recommendations.

Fathers around the World

THE STATUS OF FATHERS IN FAMILIES

More is known about where fathers don't live than where they in fact reside. Over the past decade the prevalence of female-headed households (primarily single-mother) have been tracked in a number of countries. As Table 1 shows, the percent of female-headed households in developing countries at any one time ranges from about 10% to 25% and has increased gradually over the last decade (Bruce et al., 1995). The highest rates of female headship are reported in the African countries of Botswana (46%), Swaziland (40%), Zimbabwe (33%), and the Caribbean countries such as Barbados (44%) and Grenada (43%). Some rates in the developed countries are equally high, ranging from 38% in Norway, 30% in Germany, and 32% in the United States (United Nations, 1995). Significant ethnic group differences are reported within the U.S., with 23% of Latino families, 13% of Anglo families, and 44% of African American families headed by women (Perez & Duany, 1992).

Table 1

Trends in percent of households headed by women *de jure* (usual) from census data

REGION/COUNTRY	EARLIER DATE	PERCENT	LATER DATE	PERCENT
Asia				
Hong Kong	1971	23.5	1991	25.7
Indonesia	1971	16.3	1980	14.2
Japan	1980	15.2	1990	17.0
Korea	1980	14.7	1990	15.7
Philippines	1970	10.8	1990	11.3
Latin America and the Caribbean				
Brazil	1980	14.4	1989	20.1
Costa Rica	1984	17.5	1992	20.0
Panama	1980	21.5	1990	22.3
Peru	1981	22.1	1991	17.3
Uruguay	1975	21.0	1985	23.0
Venezuela	1981	21.8	1990	21.3
Sub-Saharan Africa				
Burkina Faso	1975	5.1	1985	9.7
Cameroon	1976	13.8	1987	18.5
Mali	1976	15.1	1987	14.0

Source: Adapted from Bruce et al. (1995)

These statistics reflect, in some cases, different patterns of family formation than are found in the Western model of a nuclear family. In Botswana, which has a female headship rate among the highest in the world, mothers typically live with their natal families and do not form a household unit of their own until their partners are well into their forties. Even though support is provided according to custom by the mother's brother, these families are still reported as female-headed (Townsend, in press).

Two factors may influence both family formation and the role of men in families: (1) urbanization and (2) the employment of women and underemployment of men. Urbanization has consequences for family size and configuration and types of child care (Engle, Menon, Garrett, & Slack, 1997). It is a characteristic of industrialized regions, which are 77% to 78% urban. South America is as urban as the more industrialized regions, Northern Africa is about half urban, and the rest of Africa and Asia are between 28% and 33% urban (United Nations, 1995). Urban populations are growing in all areas, however, with the highest growth rates in sub-Saharan Africa (5%) and Asia (4%). Some sub-Saharan countries have urban growth rates of 6%, which would result in a doubling of the urban population every decade (United Nations, 1995).

The employment of women (aged 15 and older) in both urban and rural areas has increased in the past two decades in all areas except sub-Saharan Africa and eastern Asia (in the U.S. from 40% to 54%; in Latin America 22% to 34%; in Southern Asia 25% to 44%), whereas the employment of men (aged 15 and older) has declined significantly everywhere, except in central Asia (e.g., in the U.S. from 81% to 75%, in Latin America 85% to 82%, in Southern Asia 88% to 78% [United Nations, 1995]). Table 2 shows examples of these changes in other countries (United Nations, 1995). The changing gender composition of the workforce is likely to have significant effects for both men's and women's roles in developing countries (Evans, 1995).

Table 2

Economic activity rates of persons aged 15 and over, each sex, 1970–1990 (Percent of adults who are active)

	1970		1990	
	WOMEN	MEN	WOMEN	MEN
Developed Regions				
Eastern Europe	56	79	58	74
Western Europe	37	78	51	72
Other developed	40	81	54	75
Africa				
Northern Africa	8	82	21	75
Sub-Saharan Africa	57	90	53	83
Latin America and Caribbean				
Latin America	22	85	34	82
Caribbean	38	81	49	72
Asia and the Pacific				
Eastern Asia	57	86	56	80
South-eastern Asia	49	87	54	81
Southern Asia	25	88	44	78
Central Asia	55	76	58	79
Western Asia	22	83	30	77
Oceania	47	88	48	76

Source: Adapted from United Nations (1995).

Fathers in Four Cultures: Examples of Tradition and Change

"Father" encompasses a variety of beliefs and behaviors in different cultures. To illustrate this point, we describe four patterns of fathering: in West Africa, in China, hunter-gatherers in the Central African Republic, and Latinos in Mexico and in the U.S. These cases were selected in part because of the availability of good descriptive data. They represent a range of cultures and economic conditions, family types, and fathering behaviors. In three of these cases, the conception of fatherhood is changing, resulting in new behaviors and sometimes new confusion.

West Africa. Nsamenang (1987, 1992b) describes the beliefs and behaviors of fathers in Cameroon, which he feels characterize fathers in many rural agricultural areas of West Africa (about 80% of the population). The study of fathers has been neglected here, he claims—as in many other parts of the world.

Children are reared in large extended families, with a clan-based kinship centered around a polygynous headman who has tremendous power. The West African father has great social status and presence in the family, but he has little parental involvement. Nonetheless, his role is extremely important. He is the person who confers on his children social connections with the clan. The society is characterized by strict gender rules whereby authority is vested in the parents, particularly the father, and women hold a subordinate position in the society (Nsamenang, 1992a).

Children are wished for with a passion. They are the father's guarantee of a lineage succession and they are his wealth. Children are seen as belonging to the kin group, however, not simply to the mother and father. They are like flowers planted in a field and are to be watched over and raised by all. Therefore, there is a long tradition of child fostering in which some children are given to other members of the kin group to raise. After weaning, the parents play a smaller role, and multiple caregivers may play a major role in bringing up the child (Nsamenang, 1992a).

The responsibility for feeding the children rests with the children's mother. Speaking of his own group, Nsamenang (1992a) comments, "Because tradition places the responsibility to feed the family on mothers, the Nso father is not, and has never been, the sole provider. As a result, the Nso mothers . . . do not expect nor wish to be totally maintained by their husbands. It is not that husbands are uninterested in the welfare of their families, but that they are not socially held responsible for the family's daily food security" (p. 329). Not only do fathers not support their children, they try to monitor and claim the income of their wives. Traditionally, men have complete control of the family, of their wives and their earnings. In fact, men increase their wealth by having more wives, who are "both a sign of wealth and the main means (labor) for generating it" (Nsamenang, 1987, p. 284).

Fathers have little to do with very young children. In fact, taboos prevent fathers from frequent contacts with infants. Fathers rarely show nurturance toward children. Their primary role

is as disciplinarian. It is believed that children have evil tendencies and that they must be punished in order to keep them from disgracing the family (Nsamenang, 1987). When children are old enough to communicate verbally, fathers may tell folktales around the fire to them. Later, the boys learn from their fathers through shared work. Mothers compete for the father's favor on their children's behalf. The mother is the main child rearer; the father's role is to provide advice and discipline in difficult situations.

This pattern is changing, however. With the influx of Western values, particularly in urban areas, men are pursuing success and spending almost no time with their children (Nsamenang, 1987). This is not because they don't love them, but "because they are uncertain how to father" (p. 287). Therefore they are not able to do the kinds of things that they "had been expected to do as guides, companions, and models for their children" (p. 287).

A similar concern about the effects of urbanization applies in Botswana (Townsend, in press). The more traditional Botswanan pattern of support for children was that the elder men in the woman's family would demand the labor of the children's father for family support, and they would then use the fruits of the labor to support the children of these younger men. When men move to cities, they establish families that are less controlled by elders and are less likely to provide labor to their wives' families and to the elder men. As this pattern of labor and income allocation changes, it is unclear how much urbanized men will take on the responsibility for supporting their own children.

Urban China: Inner Mongolia Huhot. Jankowiak (1992) describes the traditional pattern of fathering in this part of China and the changes which have occurred with urbanization. In traditional families fathers were stern and distant. They were responsible for the discipline and for the economic support of the child, but not for the nurturance. Mothers were emotionally nurturant and they bound their children to them as a protection against the power of the mother-in-law. The strongest bond was the mother-child connection; children respected fathers, but adored their mothers. Although fathers loved their children, they believed that a circumscribed role was necessary.

Observations of father-child interactions among a sample of urban men revealed almost no father-holding in the first 6 months and little interaction in the first year. Men whose wives worked were more active, although not willingly. Both men and women believed that men were incapable of handling infants. The few men observed to hold an infant appeared to be uncomfortable. By the time the child was 13 to 36 months old, more interaction between father and child was observed, particularly conversation. In all cases, the mother was the primary caregiver, and the father would do child care only if the mother was not present. Wives complained about the lack of husband support in housework but not in child care (Jankowiak, 1992).

Urbanization in China has changed some of these expectations. Fathers, particularly college-educated men, see a new importance in intimate relations between father and child. Many express the desire to be a friend of the child rather than a stern moral authority to be feared. Influencing these changes are the increase in women's work outside the home, small living spaces (very small apartments), and a cultural shift toward valuing the closeness of father and son (Jankowiak, 1992).

This research was undertaken before the institution of China's one-child policy—a decree whose effects are more apparent in urban than in rural areas. Nevertheless, the one-child policy has brought about dramatic differences in the attitudes of all family members toward children. One witnesses fathers in urban areas deeply involved with their single offspring, holding and caring for them with pride and affection (C. Breaux, personal communication, 1993).

Aka Pygmies. Hewlett (1987, 1992) has made famous the most nurturant fathers yet observed. "Aka fathers provide more direct infant care than fathers in any other known society"

(1992, p. 169). The Aka are hunter-gatherer-traders living in the tropical forest regions of the southern Central African Republic and the northern People's Republic of the Congo. Although this is a small and probably declining population, they represent one end of the dimension of fathering behavior, thus providing a perspective in evaluating fathering in other societies.

Observations of the pattern of interactions between 15 fathers and their infants were made over an extended period (Hewlett, 1987). In camp, fathers were observed to be holding their infants 20% of the time. They were observed to hug, kiss, nuzzle, clean, and gently play with the infants. These patterns differ from other hunter-gatherer societies, in which fathers have been observed to hold their infants only 3% to 4% of the time (e.g., observations by Hamilton, 1981, of Australian aborigines; Hewlett, 1987; West & Konner, 1986, of Kalahari Desert foragers [!Kung]), although this rate is higher than in many agricultural communities (Munroe & Munroe, 1992).

Interviews with Aka adolescents suggested that the mother is viewed as the primary caregiver, but that there is no difference in amount of nurturance or emotional support received from mothers and fathers. In fact, adolescents tended to report that the mother was more likely to be punitive than the father (Hewlett, 1987). These findings contrast with research on American adolescents, who report much more punitive and restrictive behavior from fathers than mothers (Hewlett, 1987).

Latino families. The more traditional view of the Mexican American family has been of the authoritarian man and the dependent, submissive woman (Bozett & Hanson, 1991), determined by the machismo values of the man's strength, independence, virility, and dominance. According to this *traditional model*, "the father is the ultimate authority figure who avoids intimacy with other family members to maintain their respect. His primary responsibilities are to provide for his family, act as a strict disciplinarian of his children, and represent the family in activities with the outside world" (Kiselica, 1995, p. 260). His wife's role is to be submissive and to provide for the needs of the children and for their warmth and affection (Mirande, 1988).

A similar definition of fatherhood and masculinity emerged from a study of young men in the favelas, or squatter settlements, in Brazil (Barker, Loewenstein, & Ribeiro, 1995). Fatherhood is defined as financial provision, and there is little acceptance of the more "feminine" roles of nurturance and expression of emotion; in fact, these are associated with homosexuality and are eschewed. With manhood comes respect, learning to win and lose with dignity, supporting a family, sexual conquest, and fearlessness. These ideals may be impossible for young men to realize, given the high rate of unemployment and lack of opportunities.

It has been suggested that the traditional model of Latino families is not as universal as often thought, particularly in the face of urbanization and increased acculturation. An *emergent model* (Mirande, 1988) describes the family as more egalitarian and the power of the man as less absolute. Fathers may be more nurturant than expected. In one study of urban Mexican parents, mothers and fathers were observed interacting with their school-aged children, with warmth, affection, and explaining behavior; in fact, fathers were more playful and companionable than mothers. However, they were much more likely to attend to boys than girls (Bronstein, 1984). Other observers have reported changes in the family's external orientation toward increased independence and active recreation, whereas the internal functioning (moral-religious emphasis) was less likely to change (Rueschenberg & Buriel, 1995).

Effects of Fathers on Children

Three of the contributions men can make to children which are recognized by development agencies are (1) building a caring relationship with children, (2) taking economic respon-

sibility for children, and (3) reducing the chances of fathering a child outside a partnership with the child's mother.

Building a Caring Relationship

Fathers' involvement. "Father involvement" commonly refers to the establishment of "warm and close" relationships with children, which can be accomplished with relatively little time investment. The key ingredient appears to be positive emotion and attention toward children. The three components of fathering considered to be of crucial importance are interaction, availability to children, and taking responsibility for children (Lamb, Pleck, Carnov, & Levine, 1987). Although infants show preferences for mothers over fathers, whether fathers are involved in caretaking or not, infants do become attached to their fathers by the end of the first year of life, even if the father spends relatively little time with them (Cox, Owen, & Henderson, 1992).

In the U.S. and Europe, studies have reported that fathers who were involved with their children contribute much to their children's intellectual, social, and emotional development (Clarke-Stewart, 1978, 1980; Lamb, 1997). The quality of the interaction (the father's sensitivity to the toddler's needs) was found to be a better predictor of children's cognitive performance than the overall amount of time spent with the child (Easterbrooks & Goldberg, 1985). Attachment to the father can have substantial benefits for children. Children who were securely attached to at least one parent (mother or father) were more socially responsive than those not attached to either (Main & Weston, 1981). A secure attachment to the father can contribute to the child's emotional and social well-being and can even offset a poor attachment to the mother.

There is a need for similar studies from developing countries. For men in many parts of the world, this "caring relationship" with an infant or young child is a novel expectation. One conclusion, for example, from a seminar in Lesotho in 1991 was that interactions of African men with their infants are rare, accidental, and considered to be of little importance (van Leer, 1992). On the other hand, fathers and grandfathers do interact with older sons for training. Fathers in Zimbabwe were surprised when they were told that they "should" play with their children from birth onward to ensure balanced development; the fathers expected to wait until the children could talk (van Leer, 1992). No evidence to support this recommendation for Zimbabwe was provided.

Fathers' time in infant and young child care. Fathers spend significantly less time in child care than mothers over a wide age range (1 month to 16 years) and on a large number of measures (basic care, holding, reading, verbal interactions) in a variety of cultures (Collins & Russell, 1991; Coltrane, 1996; Russell & Russell, 1987). A summary of ethnographic reports from 186 cultures concluded that the percent of cultures in which fathers had "regular, close relationships" with infants was 2%, and with young children 5%. Yet fathers in many more cultures (32% for infants, 52% for young children) were in frequent close proximity with their children (Barry & Paxson, 1971).

Mother-child and father-child contact has been observed in four cultures: Black Caribs in Belize, Logoli in Kenya, Newar in Nepal, and Samoans in American Samoa (Munroe & Munroe,1992). Father care of infants was relatively uncommon; on average, fathers were present in 11% of the observations of the infant and they held the children in 1% of the observations. Fathers were relatively uninvolved in caregiving and tended to maintain physical distance. Even where child care is shared, as among the Efe of Zaire, the mother is still the major caregiver (Tronick, Morelli, & Ivey, 1992). Similar differences have been reported in many countries (Bruce et al., 1995).

Although such gender differences in time allocation to child care are common, it is important to note that fathers *are* spending time in child care—in some cases, substantial time. In squatter settlements in Karachi, Pakistan, for

example, in 75% of observations of children being carried, the man was the carrier, even when the woman was present (Jahn & Aslam, 1995). How these patterns change with urbanization and increased maternal employment (and decreased paternal employment) will be important to investigate; it is likely that new expectations for father involvement will emerge as alternate child caregivers are unavailable and the need for ongoing child care for older children increase. Moreover, time spent in child care may not necessarily be a good indicator of investment or involvement by fathers.

Father absence. Frequency of father absence varies considerably among cultural groups (Coltrane, 1988). In the study described above (Munroe & Munroe, 1992), for two of the societies, between 30% and 50% of the fathers of children under age 5 were absent, compared to only 4% and 15% absence in the other two cultures. In Nicaragua 50% of low-income urban mothers of children 12 to 18 months reported that the child's father did not live with them full time (Engle, 1995b), and half of those reported no contact with the father. On the other hand, in urban and rural Guatemala in three different samples, about 15% of mothers of young children were unpartnered (Engle, 1991; Engle & Pederson, 1989; Engle & Smidt, 1996). Some of the factors influencing these patterns are discussed in the next section.

If they have contact with their children, even nonresident fathers contribute to positive outcomes for children under some conditions. Children in American low-income urban black families who have a father or father substitute either within or outside the home differ consistently from children in father-absent families (Furstenberg, 1976). The children who had father contact had fewer behavioral problems, more sense of their ability to do things, and higher self-esteem. Father contact also had a positive effect on cognitive development, especially in boys. Even carrying the father's name, if the parents were unmarried, was associated with higher levels of cognitive development (Furstenberg & Talvitie, 1979). Similarly, in a study of the 8-year-old children of 333 adolescent mothers in Barbados, children rated as performing better in school had more involved fathers. This relationship held even among nonresident fathers (Russell-Brown, Engle, & Townsend, 1992).

One effect of father absence on boys may be the cognitive concept of sex-role that typically forms in adolescence (Munroe & Munroe, 1992). If the adolescent boy, in developing his construct of masculinity and fatherhood, does not have the opportunity to observe a man or father on a daily basis, his definition may be limited to a few visible characteristics such as appear in sources like the media, rather than the more complex concept he would have developed with more exposure. Unfortunately, because physical prowess and aggressiveness are the common visible attributes of men, these characteristics may come to define masculinity for father-absent boys.

It is important to note that father presence is not always the optimum situation for children. Certainly in the case where the father is the perpetrator of family violence, his presence has an emotionally detrimental rather than positive effect (see below on the possible cost of father presence).

Providing Economic Support

Female-headed households. Fathers' material support of their children constitutes a second contribution to their development. Many households, however, are female-headed, and the significance of this for children's well-being has been debated in the literature. The general conclusion has been that the presence of the father's income tends to be associated with improved child status (Population Council/ICRW, 1990); and female-headed households with children are generally poorer. There is considerable variation, however, depending on the social and economic circumstance of the female head—i.e., whether her status is the result of abandonment, male migration, unpartnered childbearing, etc. [Quisumbing, 1995]). Children in female-head-

ed households are not always more poorly nourished than those in male-headed households. In urban Guatemala, for example, children in female-headed households (a small percent) were found to be better nourished than those in families in which both biological parents were in the home (Engle, 1995b). And in a low-income urban setting in Nicaragua, although there was a positive effect of father's income on child nutrition status, this effect was not significant when house quality and mother's education were taken into account.

Data from Latin America and Africa seem to reflect these different patterns. Demographic and health surveys in three Latin American and three West African countries were used to compare the effects of mothers' and fathers' incomes on child nutritional status (Desai, 1991). In the three Latin American countries, children of single mothers were more likely to be malnourished than those of mothers with partners, but when differences in socioeconomic status were controlled for, this difference disappeared. Children born to mothers in consensual unions were more undernourished than those born in formal marriages, even controlling for socioeconomic factors—a difference that was particularly marked in urban areas.

In contrast, in the West Africa countries, the mother's marital status had little impact on the child's nutritional status (Desai, 1991). In several cultures children in single-parent, female-headed households appeared to be advantaged compared to those where both parents were present. In Kenya and Malawi, despite lower incomes, a smaller percentage of children in female-headed households were malnourished than in male-headed households (Kennedy & Peters, 1992). In Botswana, children in female-headed households received more education than children in male-headed households (Kossoudji & Mueller,1983). These results from Africa are consistent with an observation in Cameroon, that it is the mother, not the father, who is held responsible for feeding and caring for the children (Nsamenang, 1992b). Overall, in Asian and African samples, a relationship between female-headship and poverty was not supported (Quisumbing, 1995).

Male and female income shares. A few studies have illustrated the positive effect of the father's occupation and income on children. In Saudi Arabia, for example, lower father occupation was related to higher diarrheal rates (Al-Mazrou, Aziz, & Khalil, 1991). In contrast to most studies, diarrheal rate was not related to mother's literacy. In Guatemala, men's education was associated with more gender-equitable food-sharing (Engle & Nieves, 1993); in Pakistan to better health for children (Jahn & Aslam, 1995).

A number of studies have shown that although the father's income may have a positive effect on food expenditure and child well-being, the effect may be smaller than it would be were the income under the mother's control (Buvinic, Valenzuela, Molina, & Gonzales, 1992, in Chile; Engle, 1993, in Guatemala; Hoddinott & Haddad, 1995, in Cote d'Ivoire; Thomas, 1990, in Brazil). It has been suggested that women may be more likely to perceive children's needs and to develop stronger attachment to the child; moreover, social practice may dictate that women are responsible for purchasing or obtaining food for children (Engle, 1990).

Even within a culture fathers may vary in their contribution to the household. In Guatemala in two-parent families, for example, it was the percent of father income, not the absolute amount, that was positively associated with child nutritional status (Engle, 1993). A father who contributes a high percent of his income for household food expenses may have a larger commitment to his children.

Possible cost of father presence. As noted above, father presence is not always a positive force in either women's or children's lives. Violence against women affects one in four women in Latin America (Larrain & Rodriguez, 1993). In a collection of studies from around the world, domestic violence rates ranged from 20% to 60% (Heise, Pitanguy, & Germain, 1994). It is possible that abuse of the child will be more com-

mon if a man is present in the family (e.g., Parke & Neville 1987). Women may choose poverty over a dangerous living situation; by forming a female-headed household they may improve both their lot and that of their children.

In addition, the father's consumption of food and resources may drain the family budget, particularly if he spends the family's funds for personal items, like alcohol or cigarettes (e.g., Hoddinott & Haddad, 1995). Such practices may even increase women's workload (Engle, Hurtado, & Ruel, 1997). In Nicaragua, noncontributing men may be asked to leave a household (Loftin, 1993).

Avoiding Unpartnered Fertility

A third contribution that fathers can make to their children is to avoid fathering a child outside a partnership with the child's mother. Several studies in developing countries have suggested that, as in the U.S., unpartnered relationships resulting in childbearing, particularly among younger women, tend not to persist. In Chile, for example, a study found that 42% of fathers of babies born to adolescent women were no longer providing child support of any kind six years after the child's birth (Buvinic et al., 1992). In Barbados, 77% of a sample of adolescent mothers were not living with the child's father eight years after the child's birth, and 50% of the children's fathers no longer contributed to the child's support (Russell-Brown et al., 1992).

Whereas less traditional cultures encourage use of contraception and provide sex education to prevent unpartnered childbearing, more traditional cultures attempt to protect young women through a combination of strict religious constraints on sexuality, as in Latino societies (Abrahamse, Morrison, & Waite, 1988; Mirande, 1988) and very early marriage, as in South Asia (Richardson, 1995). When pregnancies do occur, families in Latino families put great pressure on the couple to form a relationship (DeAnda & Becerra, 1989). However, increased urbanization and changes in acculturation may undermine these supports. In a rural Guatemalan community, the rate of unpartnered fertility has doubled in the past decade—from 6% to 12% (Engle & Smidt, 1996). In the U.S., among teen mothers, 67% of traditional Latinos were married, compared to only 44% of nontraditional Latinos (DeAnda & Becerra, 1989).

Theories of Father Involvement: Why Are Some Men More Responsible Than Others?

Various theories have been proposed to explain differences in men's willingness to support their children emotionally and economically. Four such theoretical perspectives can be distinguished:

(1) evolutionary-biological,
(2) economic,
(3) ecological, and
(4) cultural and religious.

The Evolutionary-Biological Perspective

Evolutionary biologists examine how individuals in any species adapt to their environment. And the success of that adaptation is measured by reproductive success, i.e., the number of offspring (Hewlett, 1992). For humans, reproductive success includes finding and keeping a spouse, having children, and rearing them to reproductive maturity. Social scientists, who recognize the importance of biological and cultural interactions, label their approach "biosocial," in contrast to the purely biological explanations proposed by socio-biology (Daly & Wilson, 1988).

This theoretical perspective yields two testable hypotheses: (1) "Since there is a higher cost for female reproduction than male, females are predicted to invest more in parental effort than are males. Males on the other hand tend to invest more time in mating effort, and therefore compete with other males over available females" (Hewlett, 1992, p. xvi). Some males

therefore have several wives, whereas others have none. (2) The closer the father perceives his children to be to him genetically or the more certain he is that he is the biological father, the greater his investment.

A number of studies on various human groups and one primate study provided tests of these hypotheses (Hewlett, 1992). Neither received unequivocal support. For example, men with power and resources spent more time both mating and parenting than those with fewer resources among the Ifaluk (Betzig & Turke, 1992).

And in a test of the paternal certainty hypothesis using data from primates, Smuts and Gubernick (1992) compared the degree to which male primates held and touched infants as a function of the degree of monogamy of the species. A monogamous pattern would result in a closer genetic relation between the male and the infant than a multiple partner pattern. No significant differences in degree of male holding were found between nonmonogamous and monogamous groups, suggesting that at least for primates, paternal certainty (as would be found in the monogamous groups) was unrelated to involvement with the infant. On the other hand, Keddy Hector, Seyfarth, and Raleigh (1989) demonstrated among vervets that males increase their attention to infants when the infant's mother could observe them. They suggest that in this group, males cared for infants in order to enhance their chances of mating with the infant's mother.

An Economic Perspective

An economic perspective may also help explain father investment. In Chile, for example, a father was 5 times more likely to support his child if he worked (Buvinic et al., 1992). Further, economic contribution appears to be linked to marital stability. For example, in the same Chilean study, a father was 17 times more likely to contribute to his child's maintenance if he was married to the mother. This appears to be a reciprocal relationship because both men and women are more likely to stay married if the father generates income (Buvinic et al., 1992).

Lack of sufficient earnings to support the family was found to increase family abandonment in other low-income Latin American settings (Kaztman, 1992). In a pilot study in Jamaica, the Caribbean Child Development Center concluded that men are absent, in part, because they cannot provide, owing to poor job opportunities (Brown et al., 1994). And the only other acceptable role is as disciplinarian, nurturance being culturally unacceptable. When the father can't support his children, the mother may become unhappy; he may then leave the household and only contribute sporadically, initiating a visiting relationship (Brown et al., 1994).

An Ecological Perspective: Family Systems Theory

Hewlett (1992) has proposed a model to explain the high rate of father-infant interaction observed among the Aka pygmies and, more generally, other cross-cultural differences. He hypothesized that as the number, frequency, and cooperative nature of the activities that husband and wife participate in together increases, the level of father involvement in the care of young children increases. Husband and wife are predicted to share and help each other more when they spend a lot of time together, cooperate in their subsistence activities, and do many different kinds of activities together. For example, one major source of food among the Aka is a small animal which is caught in a net. To catch the animal, husband and wife must cooperate and communicate effectively. This cooperative subsistence activity may result in increased sharing of infant care.

Relatively high rates of father involvement in infant care are also found among Batek foragers in Malaysia, where mothers and fathers play a role in both hunting and gathering (Endicott, 1992). A summary of data from 80 preindustrial societies linked the amount of mother's contribution to the subsistence of the family with greater father-infant proximity (Katz & Konner, 1981). Yet in other societies in which

women contribute to subsistence, but do not work with husbands to do so, fathers do not help with infant care (e.g., Griffin & Griffin, 1992). Shared subsistence work is not enough; these data suggest that cooperative and communicative activity is necessary for the role sharing to occur. In sum, the nature of the mother-father relationship must be examined in order to understand the father's involvement in child care and support.

The Perspective of Cultural and Religious Values

Finally, cultural values and religious traditions serve to define masculinity and the role of men and fathers in the society. More traditional Latino culture, for example, supports male authority in the home, with women being the emotional center, a value supported by the major institutions of the Church and the political structure.

The cultural and religious views of Islam and Muslims toward the status of women has received an enormous amount of attention by Westerners (Denny, 1993). Practices in many Muslim societies limit women's exposure through veiling and, in the most traditional societies, separates them from men in the school, mosque, and workplace. As Denny notes, "Westerners are often very critical of Islam for its treatment of women. This is often deeply resented by Muslims as meddlesome, hypocritical . . . Males and females, according to Muslim teaching, are of equal status before God and enjoy equal religious duties and privileges" (1993, p. 352). Denny concludes that "there is no question that females around the world, and in different societies and cultures, have most often occupied positions of inferior status and been made objects of abuse at the hands of males and male-dominated institutions. Judaism, Christianity, and Islam, each in their own ways, have sorry records on treatment of and attitudes toward females" (1993, p. 352). Major differences within religious and cultural traditions exist in the treatment of women and in the definition of men and masculinity. Whereas the treatment of women has received considerable attention, the latter has rarely been explored.

But a decline in authority of lower-class fathers has been observed in Latin America in the past decade (Kaztman, 1992). Prior to the 1980s men typically worked on farms or in family-run businesses where they held power. They likewise tended to have dominion within the home; male supremacy was an unquestioned value (Kaztman, 1992). This power has been undermined by a combination of forces: First, women have entered the labor force; one study revealed that in six large Latin American cities up to 60% of women were working. Second, men now tend to work away from the family, often in poorly paid jobs with little prestige and power. Third, in urban areas with mass media exposure, children may come to hold values different from those of their father and may wish for status symbols that the father cannot provide. The consequence of this erosion of male authority in the home is social anomie, an imbalance between the goals of the prevailing culture and the means for fulfilling them. The result is a retreat from family obligations in these groups; men have less to gain from and less to give to their families. This change has come about so rapidly that adaptation has been difficult.

Program Implications

Finally, we describe some of the possible program directions being considered to address the four areas of men's role in families.

International Advocacy

International aid programs aimed in the last several decades at improving the survival, growth, and development of children have paid surprisingly little attention to the role of men as fathers. Perhaps following a Western model, the focus has been on the mother-child dyad, even in societies in which the father plays a major role in decision-making. International conferences,

such as UNICEF's Innocenti Global Seminar (1995) and the Population Council's Taller Para Padres Responsables (1993 Workshop on Responsible Fatherhood) are opening the debate (Engle & Alatorre Rico, 1994). The Cairo International Conference on Population and Development has laid the groundwork for including men in reproductive health programs (Richardson, 1995). Now a few organizations are including men-as-fathers in their plans.

Much of the advocacy work on fathers has included a concern for gender equity. Advocates envision a new cultural form in which family roles are "democratic"; greater attention to the role of the father in children's welfare is not intended to be a return to male authority in the home. These views are held by Western as well as non-Western advocates for children (Richardson, 1995). Some of the strongest movements in support of women's rights are coming from the South, the developing countries. In addressing this issue, the tension between respect for cultural patterns and the emerging view of greater gender equity and equality will continue to be seen.

Recent work linking women's status and men's patriarchal control to children's malnutrition provides an example of the concern for gender equity. When men have an excessive amount of authority and decision-making power in the home, domestic violence rates may be higher or opportunities for women more restricted. Patriarchal control is often associated with low rates of schooling for girls, low status of women, early age of marriage, and high rates of malnutrition for children (Ramalingaswami, Jonsson, & Rodhe, 1996). For example, despite similar levels of income and health care services in sub-Saharan Africa and South Asia, rates of malnutrition in South Asia are almost twice as high as the latter. This "Asian enigma" may be a consequence of the subordination of women in South Asia and lack of gender equity in the home. "Judgment and self-expression and independence largely denied, millions of women in South Asia have neither the knowledge nor the means nor the freedom to act in their own and their children's best interests" (p. 15).

Program Approaches to Building a Caring Relationship

Fatherhood education and development. The Young Unwed Fathers Pilot Project in six U.S. cities includes a component labeled the Fatherhood Development Curriculum (Watson, 1992). Once a week the men in the project meet to discuss issues of manhood and fatherhood; they do lessons and exercises which encourage them to consider the mother's perspective. An evaluation showed that most (91%) felt that the fatherhood curriculum was helpful in teaching them parenting skills and improving their relationship with their children. There are no data, however, from the men who did not continue in the program, and it is unclear what percent of those initially recruited failed to complete the program.

A community-based effort has been remarkably successful in the Caribbean. The Caribbean Child Development Center initiated the establishment of father groups, which led to groups of men forming an organization, "Fathers, INC." In Jamaica and other Caribbean islands, such as Trinidad and Tobago, groups of fathers, often those not residing in the family household, are following a curriculum focused on how to father—the Serval project. A culturally appropriate curriculum lists activities designed to facilitate discussion on fathering. One reason for the groups' success is held to be that they are for men only and arise from men's interest in their children (Brown et al., 1994).

A second strategy involves bringing fathers into the schools and day care centers their children attend to help with child care. To be effective at relationship building, these programs are designed to increase the father-child interaction, not simply have men build or paint. One such project, "Father/Child Nights" at a day care center in New Mexico (U.S.), had fathers begin by making toys with their children; gradually they began to play with their children at the child's own level. Program success was attributed to

balancing discussion with activities, inviting participants to meet face to face, having a male staff member, and making a formal contract with the fathers to attend (Kavanaugh, 1992). The program assisted the fathers in developing new roles with their children. A similar project with Latino fathers in Los Angeles attributes success to several factors: combining wife/spouse groups, presenting information on how to bridge Mexican and U.S. cultures, and reducing the feminine-oriented meeting style (Powell, 1995). A useful manual on how to encourage male involvement (of fathers or father substitutes) has been prepared for Head Start programs in the U.S. It offers suggestions that could apply in other regions of the world (Levine, Murphy, & Wilson, 1993).

Three experimental studies have evaluated the effects of education on parenting among married partners. Results show promise for replication. In a study in Cameroon, male and female adolescents were divided into two groups. One group of fathers received 3 weeks of orientation about their father role, while the other did not. After the intervention, interviews with the adolescents suggested that their attitudes had changed (Nsamenang, 1992b). In a U.S. study, one group of fathers-to-be received child development information, while a matched group received none (Parke, Hymel, Power, & Tinsley, 1979). At 3 months postpartum, the informed group were significantly more involved with their children than the control group. In the third study, 30 U.S. middle-class fathers and preschool children underwent a parent support program; they met for 2 hours each on 10 consecutive Saturday mornings—for group discussion on parenting skills and child development knowledge and active play with children. Following treatment, these fathers, compared with 30 other father-child pairs who were waiting for the program, perceived themselves to be more competent and reported spending more time with children interacting and being accessible. Most important, these fathers reported feeling more responsible for daily decisions about their children, the kind of child involvement which men are least likely to achieve (McBride, 1991).

Educating children in broader gender roles. Preventative education of children is yet another approach, one perhaps with a lower price tag. The Fatherhood Project at Bank Street College in New York uses three educational strategies to increase boys' awareness of the responsibilities of fatherhood and to enhance their skills in dealing with children (Klinman, 1986). One was to give future fathers hands-on experience during junior high and high school with children in preschool programs. Relatively few males enrolled, but for those who did, a large benefit in skills and confidence was seen. These programs could help young men separate out the reality of family life from fantasy (Furstenberg, 1991).

What such programs might accomplish in developing countries remains to be seen. In some societies young men, as well as young women, are used as child care providers, whereas in others boys are never asked to take on this role. It will be important to determine how these distinct experiences affect later sense of responsibility for children and fathering behavior. Programs could also incorporate media techniques and public images of fathers in more caring roles with their children.

Paternity leave and flexible time for fathers at childbirth and postpartum. Another strategy to increase father involvement is to provide them child care leave, either paid or unpaid, and more flexible work hours. Fathers can then have more contact with infants. Even when such opportunities are made available, however, only about 10% of fathers (in the U.S. and Sweden) used them (Pleck, 1985). However, usage is increasing (Parke, 1996). The low usage of paternal child care leave may be due to prejudice by employers, the desire of the wife to stay home, or the loss of income for the father if leave is unpaid. Men tended to take short leaves at the birth of the child, although some took more time when the child was older. Flexible work hours were also not frequently used by fathers.

The increased use reflects changes in societal norms for greater shared child care.

A Save the Children project in Vietnam took another approach to help young mothers (Woodhouse in Richardson, 1995). Husbands in communes were told that they could reduce the health care costs for their children if their wives were to work less during pregnancy and immediately postpartum. In the communes which received the messages, women had significantly more rest days while pregnant and higher birthweight babies; and men felt more empowered to help their wives.

Social service and health systems. Much of the health and social services literature focuses on mothers and children, to the exclusion of fathers. The social service field in the U.S. views men as either providers (i.e., the good guys) or nonproviders (i.e., manipulators or malingerers [Bolton, 1986]). There is little awareness that some men may choose the nontraditional role of staying home to take care of children; or they may be unable to work due to lack of job, lack of training, or a disability such as mental illness. Social services must recognize that many fathers are trying to meet their obligations; few are mindfully negligent. They themselves may be in need of assistance. At some point, aid to indigent fathers who are willing to stay with their children could be instituted.

To optimize health care services, we must understand better and acknowledge the role of the father in his particular culture. If he is a major opinion leader in the household or is in charge of finances, he must be involved in any medical decisions. His role may be much larger than recognized, although behind the scenes. In the U.S., for example, the father's opinion was one of the most important indicators of whether a mother went for prenatal care (Sable, Stockbauer, Schramm, & Land,1990) or breastfed her child (Littman, Medendorp, & Goldfarb, 1982). Some work in Pakistan recommends a two-pronged approach to health care that adds a separate outreach component for men (Jahn & Aslam, 1995).

Program Approaches to Increasing Men's Economic Support

Legal protection for children of absent fathers. The legal protection of children of absent fathers may be adequate (Folbre, 1997), but enforcing such protection can be quite difficult. The law in Mexico, for example, fails to provide for sufficient protection (Brachet-Marquez, 1992): Desertion is a prerequisite to seeking a child support award, but father absence is not recognized by law as desertion as long as the husband returns within 6 months. Thus a man can come and go at will for years as long as he spends one night every 6 months at home. Women can opt for divorce, but they seldom do. Divorce usually occurs only when there is child abuse or when the woman is educated and therefore capable of economic self-sufficiency. For the uneducated woman, divorce always represents a trade-off—a freedom often offset by the sacrifice of rent-free lodging and child support. It is also easy for a man in Mexico to avoid paying child support. If a husband stops payment, the burden of initiating legal procedures falls to the wife. And in response to legal proceedings, many husbands simply claim insolvency (Brachet-Marquez, 1992). Monitoring the nonpaying father's income is extremely difficult; with the scarcity of employment in Mexico, more and more of men's earnings are untraceable, nonwage, and nonsalaried. Other countries experience similar problems.

Increasing men's ability to support their children. Simply increasing men's income without encouraging them to increase expenditures on children has had limited or no effect on their children (e.g., Immink, Kennedy, Sibrian, & Hahn, 1994; Berhman, 1995). But programs in the U.S. have attempted to increase low-income unwed fathers' payment of child support through combined job training, job placement, child support payment enforcement, and fatherhood education projects (e.g., Achatz & MacAllum, 1994; Family Impact Seminar, 1995; Watson, 1992, reporting on the Public/Private Ventures Project). Despite great difficulties in

recruiting fathers into such programs, results have been somewhat encouraging in increasing child support payments.

We found no similar approach in a developing country, but combining income-generation projects for men with fatherhood information would seem a reasonable course to pursue. A further problem which has received almost no attention is fathers' spending on nonessentials such as alcohol and cigarettes; it is thought the cost may be staggering.

Avoiding Unpartnered Fertility

Reproductive health programs have begun to target sex education messages to men as well as to women, following recommendations of the Cairo conference. There is also a growing attempt to establish paternity at the time of a child's birth. In the U.S., legal efforts have resulted in a significant increase in paternal identification of children born outside marriages—from 19% in 1979 to 28% in 1986 (Nichols-Casebolt & Garfinkel, 1991). In one successful example in the U.S., almost two thirds of unmarried parents, when given the opportunity during the first few days postpartum, voluntarily acknowledged paternity (Department of Health and Human Services/OCSE, as cited in Family Impact Seminar, 1995). Paternity establishment procedures should be examined in other countries as well.

Promoting Gender Equality in the Home

Women's enhanced education and related income-earning has been found to be the strongest predictor of improved gender equity in the home (Blumberg, 1988; Richardson, 1995). Thus the movement to increase access to education for girls in all settings has been a major focus of international pressure. In South Asia, women's combined disadvantage of lack of education, dowry requirement (that parents of the bride pay the parents of the groom), and young age at marriage (aged 10 to 14) result in their very low status in the family. In Rajasthan, India, a UNICEF project involved families (men and women) in offering girls more education and delaying the age at which they are required to marry. As a result of 2- to 3-day visits and awareness-raising by a team of five women, who met with male village leaders and went house to house, the number of young adolescent girls in school increased and the number of early marriages decreased (Gururaja, in Richardson, 1995).

UNIFEM and the Bahai church were able to change men's and women's views about traditional male and female roles in Malaysia, Bolivia, and Cameroon through the use of drama and song and consultation. Three major problems were addressed: in each case, the low literacy rates of women, the mismanagement of household finances by men, and the heavy workload of women. Men were helped to understand the disproportionate burden of women. As a result of these exchanges, spouse abuse and alcoholism have declined, and men and women are more aware of how their actions and perceptions contribute to these problems (Richardson, 1995).

Conclusions

This report has focused on patterns of fatherhood in different cultures, the effects of fathering on children, and theories of fatherhood. Until recently, little attention has been paid to the role of the father. Given rapid economic and social changes, increases in women's work for family subsistence, and the inundation of Western messages, new expectations of fathers are emerging. At the same time, the number of children being reared without the support of their father's income appears to be increasing. Some women (and men) are asking, "Why are fathers so irresponsible?" (Kaztman, 1992). From men's perspective, the question may be, "What can I possibly contribute that is unique as a father?" (Nsamenang, 1987), or, after a marital separation, "Why should I pay if my wife won't let me see my kid when I want to?" (Furstenberg, 1991).

The institution of the family seems to be changing. These changes are part of a global pat-

tern of industrialization, urbanization, and feminization of labor. In some areas change is occurring so rapidly that people may be unprepared and unable to adapt. We also know that fatherhood is in a period of significant change throughout the developing world as well as in the U.S. Demands that men become "new fathers," that they combine both their traditional economic role with a new nurturing role, may leave both men and women confused.

There appear to be some models of successful transition, but they are few. These promote sufficient income and education and provide extensive experience in caring for young children. They also involve women in the changes in gender roles—a crucial element. We have models of nurturant, egalitarian relations from some of the most ancient societies, the hunter-gatherers. Ironically, this oldest form of human organization results in higher levels of father-infant contact and marital cooperation than do modern patterns.

Families are the basic human structure that meets the care needs of children and more generally the emotional needs of all community members. But family life can also be a tyranny, which can be seen in unequal gender relations, violence against women, and child abuse and neglect. The changes described in this report stand to bring benefits in terms of more openness to new roles, to a more flexible definition of "family" (e.g., one-parent, blended, extended, same-sex), to a wider range of human expression, and to greater equality between the genders.

There are opportunities for new models of the family structure to develop. Perhaps serial fatherhood in which men invest in both biological and step children will become the most adaptive model. More "absent fathers" express concern and interest in their children than women have expected; perhaps the involvement of this growing group of fathers will increase. The increasing acceptability of nurturing by fathers is expanding their role with their younger children. This is a novel idea to men in many parts of the world. Greater contact with their children has been shown to have positive effects on fathers (Parke, 1996), giving them new satisfactions and skills, and their children, in turn, benefit through increased father investment. We also have evidence that men who perform more child care report more marital satisfaction.

Each of the four theoretical perspectives discussed contributes to our understanding of the factors that are associated with a father's involvement and investment in his children. From this discussion, one might predict that a father might be more involved with his child if he

(1) lives in a culture that supports gender equality and father nurturance,

(2) is co-resident with his wife and child,

(3) has a harmonious relationship with the child's mother who encourages his involvement,

(4) is part of an economic system with enough resources that he can support his children in line with society's expectations, and

(5) works in a cooperative way with his wife to provide sustenance for the family.

A father can have both a direct effect on his child, through increased caregiving, and indirect effects through financial support of the child and emotional support to the child's mother. At times it would seem that we have noticed fathers more for their absence (e.g., our concern with female-headed households) than for their presence. Much remains to be learned from other cultures about men as fathers as they undergo transitions—often in parallel to transitions experienced in the U.S.

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BRIEF

U.S. Policy Initiative on Fathering

Editor

MOST PUBLICIZED U.S. POLICY ON fathering in recent years has revolved around holding fathers financially responsible for their children, through paternity establishment and child support enforcement. But federal policies on fathers are rapidly evolving far beyond this as the sole concern into a broad effort to foster a more encompassing view of the father's place in the family. Vice President Gore, in concluding remarks to a federal conference, pointed out, "Dads mean more than dollars. . . . Every institution in America must begin formally to see fathers as more than just a paycheck or a child-support payment" (NCOFF, 1997, p. 49).

On July 16, 1995, President Clinton issued a one-page memorandum on "Supporting the Role of Fathers in Families," which began:

> I am firm in my belief that the future of our Republic depends on strong families and that committed fathers are essential to those families. I am also aware that strengthening fathers' involvement with their children cannot be accomplished by the Federal Government alone; the solutions lie in the hearts and consciences of individual fathers and the support of the families and communities in which they live. However, there are ways for a flexible, responsive Government to help support men in their roles as fathers. (Clinton, as cited in NCOFF, 1997, p. 45)

The memorandum went on to direct all federal departments and agencies to review their policies with an eye to (1) engaging and including fathers in programs and initiatives and (2) explicitly strengthening fathers' involvement with their children. Of special interest to researchers, the memorandum also instructed that (3) evidence of father involvement and participation be used in judging program success and that (4) fathers be incorporated in government-initiated research on children and their families.

In October of that year, the Department of Health and Human Services issued a report in response to the president's initiative (DHHS, 1995) which laid out five "principles" embracing a new focus on fathers:

- All fathers can be important contributors to the well-being of their children.
- Parents are partners in raising their children, even when they do not live in the same household.
- The roles fathers play in families are diverse and related to cultural and community norms.
- Men should receive the education and support necessary to prepare them for the responsibility of parenthood.
- Government can encourage and promote father involvement through its programs and through its own workforce policies.

In this report and a subsequent one (Work Group on Targets of Opportunity and Trade-offs, 1997) it is acknowledged that families can take varied forms; also that any discussion of "fathering" should be broadly conceived, to include male fertility, family formation, and fathering.

The following spring (May 3, 1996), DHHS, along with the National Center on Fathers and Families (NCOFF), the Domestic Policy Council (of the president's office), and the National Performance Review (of the vice president's office) hosted a conference of practitioners, leaders of nonprofits, and government staff; the latter came from across the spectrum—the

departments of Defense, Commerce, Education, Energy, Labor, and Transportation and, within DHHS, the Children's Bureau, Head Start, the Office of Child Support Enforcement, and more. Fourteen workshop sessions covered a wide range of topics related to fathering, including adolescent preparation for parenting, father involvement with child care, the impact of non-residential fathers, domestic violence, and work and family policy.

One key strategy involves encouraging interagency and departmental collaborations with state and local communities. This measure has produced a boom of programmatic and policy response. Results are far-ranging—including everything from local projects within Head Start aimed at involving fathers in center governance and teaching them about immunization to state waivers within welfare reform to promote outreach to two-parent families and expanded Medicaid eligibility.

What the effects of these many efforts are remains to be seen—which is where research comes into play. A centerpiece of the DHHS strategy has been the creation of the Federal Interagency Forum which is charged with assessing the strengths and limits of data collection on fathers and generating studies of fathers and their effects on children. Just a few examples: The Centers for Disease Control is evaluating violence prevention programs; the Administration on Children and Families is conducting a review of "father-friendly" practice in 17 program sites; the Office of the Assistant Secretary for Planning and Evaluation is examining the interaction of child support, parent earnings, and welfare dynamics in Texas (DHHS, 1997). The research effort is extensive and stands to advance understanding of the father role and possible programmatic responses.

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SOCIAL POLICY REPORT
Society for Research in Child Development
Volume XII, Number 2 1998

Investigating Child Care Subsidy: What Are We Buying?

Helen Raikes

Title VI of the 1996 welfare reform legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, authorizes approximately $3 billion per year for child care; in 1997 it was $2.97 billion (U.S. Department of Health and Human Services, 1996a).[1] When contributions from states (estimated at $1.5 billion) are added in, the total 1997 direct subsidy to child care has been estimated at nearly $4.5 billion. Furthermore, in the 1998 budget additional authorizations added $50 million for infant/toddler quality enhancement and $19 million for school-age child care and resource referral. Does it seem incredible that a five-year public investment of over $22 billion,[2] one that will affect the development of over 1 million children each year, lacks an integrated, longitudinal research agenda? This report identifies potential characteristics of new and expanded research focused on our government's subsidy to child care.

Although the need for research on the child care subsidy predates welfare reform efforts, the 1996 legislation, now supported by a healthy economy, highlights that child care is a growth industry. The new policy has authorized the streamlining of child care funding channels and has ushered in a dynamic period of reorganization. The public investment in child care is likely to grow in 1998. President Clinton proposed a child care initiative in January 1998 that would add $21.7 billion over five years to the current investment (see Brief, p. 19, and Figure 1, p. 2). This initiative includes $150 million over five years for child care research and evaluation. Altogether, the current period is opportune for beginning policy research to bring a new accountability to the subsidizing of child care.

We have a good research knowledge base about child care in general, but the public investment in child care per se has never received the research attention it deserves. As a consequence we know almost nothing about what the subsidy has bought in the past or is buying under the new law. We know little about its impact on low-income parents, who use the child care support to gain economic self-sufficiency, let alone the effect on children's development in these families; we also lack information on the development of child care markets and on the effects of policies on infra-

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BRIEF
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Raikes

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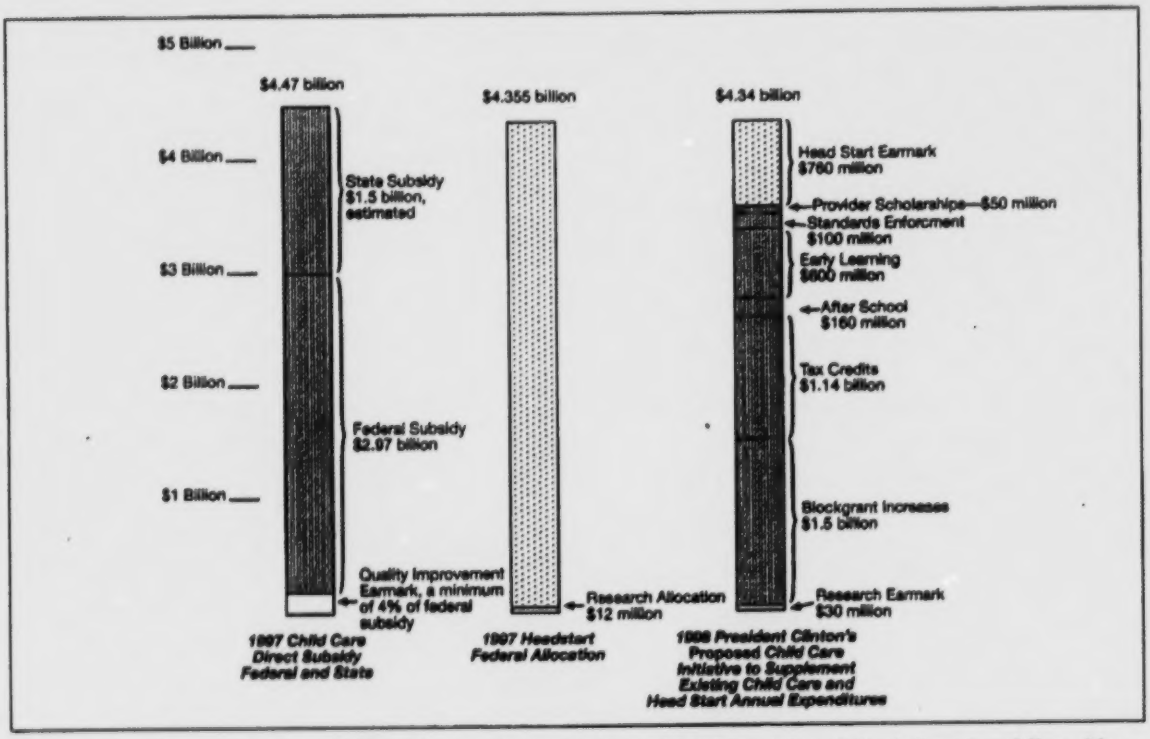
$5 Billion
$4 Billion
$3 Billion
$2 Billion
$1 Billion
$4.47 billion
$4.355 billion
$4.34 billion
State Subsidy $1.5 billion, estimated
Federal Subsidy $2.97 billion
Quality Improvement Earmark, a minimum of 4% of federal subsidy
Research Allocation $12 million
Head Start Earmark $760 million
Provider Scholarships—$50 million
Standards Enforcment $100 million
Early Learning $600 million
After School $160 million
Tax Credits $1.14 billion
Blockgrant Increases $1.5 billion
Research Earmark $30 million
1997 Child Care Direct Subsidy Federal and State
1997 Headstart Federal Allocation
1998 President Clinton's Proposed Child Care Initiative to Supplement Existing Child Care and Head Start Annual Expenditures

Figure 1. Annual appropriations of 1997 child care direct subsidy and 1997 Head Start federal allocations followed by additional funding proposed by President Clinton for child care and Head Start in 1998.

structures within states and communities. A new study, the National Study of Child Care for Low-Income Families (see Box 1, p. 14), together with the Child Care Policy Research Consortium (see Box 2, p. 15) and reports from the Research Forum on Children, Families and the New Federalism, will help fill the information void, but the need for research on child care subsidy far exceeds these new efforts.

> Gaps in knowledge prevent comprehensive analysis of policy options. There are virtually no studies that examine the responses of the low-income population to child care policy. (The Council of Economic Advisors, 1997, p. i)

In this period of devolution, states, counties, and resource and referral agencies are in the process of implementing state plans recently approved by the federal government. At the same time, states and the federal government are crafting legislation to fill the gaps in child care systems. This *Social Policy Report* urges researchers to collaborate with state legislators, local governments, child care administrators, and resource and referral agencies in determining what public child care dollars are buying and their effects on children, families, and markets.

This report presents a four-point case for research focused on child care subsidy:

(1) Child care is becoming evermore prominent as a public policy concern.

(2) New policy is giving rise to new questions.

(3) The research needs to focus squarely on subsidy and its effects on children, families, and markets.

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(4) The current period calls for new approaches to research. Some recently initiated projects that exemplify collaborations between states and child development researchers are described.

Focus on Child Care Policy Grows

In response to a growing interest in child care policy and programs, the federal government created, early in 1995, the Child Care Bureau (CCB) within the Administration on Children, Youth and Families (ACYF). The CCB focuses on child care policy and the delivery of technical assistance to grantees. It is the agency in charge of distributing the child care funds appropriated under the new law. In that no funding is specifically mandated to study the effects of child care subsidy, the CCB has been encouraging researchers to include subsidy-related questions within their studies of child care and to perform secondary analyses of existing data bases. Such questions are being incorporated, for example, in a new 12-state study of welfare reform demonstrations. Likewise, ACYF's Early Head Start evaluation includes subsidy-relevant questions; and the National Institute of Child Health and Human Development (NICHD) Study of Early Care is undertaking analyses related to child care use by low-income families. While this report applauds these efforts, it calls, in addition, for explicit research on child care subsidy.

Government-subsidized child care is attracting greater and greater attention as an important public policy area and therefore should have a research agenda:

- Child care, in general, is becoming evermore central to family and economic policies.
- Government is enlarging and reconfiguring its investment.
- More and more children are receiving subsidized child care.

Child Care More Central to Family and Economic Policies

Child care intersects nearly every other service delivery system for low-income families, including health care, Head Start, education, and welfare. At the October 22, 1997, White House conference on child care, President Clinton highlighted the importance of child care to child well-being, adult employment, and the American economy. Drawing on a range of experts, this conference acknowledged that child care policy crosses policy areas and is informed by many disciplines. Child care is at the heart of the new law to move employable adults from welfare into the workforce. It is widely believed that the success of welfare reform depends, in part, on the deployment of child care services. But whereas the legislation does provide for new child care support, many experts believe that we should plan to monitor implementation. This report identifies potential challenges to states' capacity to provide affordable, quality child care that may affect their ability to move employable adults from welfare to work.

Several states use child care provisions to deliver health services to low-income children; for example, Minnesota employs nurses to deliver monthly health services to child care facilities in Minneapolis. In 1995 the National Child Care Health Forum, co-sponsored by the Child Care Bureau and Maternal and Child Health, Bureau of Public Health spearheaded the new coordination between health and child care, with *Healthy Child Care America* (U.S. Department of Health and Human Services, 1996b) recommending specific actions at the intersection of public health and child care.

In many communities Head Start is changing its delivery system to better meet the needs of families for full-day child care. Supplemented by 1997 expansion grants, it is extending part-day programs and/or creating or collaborating to provide full-day child care in variations of traditional Head Start. Approximately 50% of Head Start programs offer child care. Under welfare reform the number of Head Start children need-

ing child care services will increase. Forty-six percent of Head Start mothers in 1996 were on AFDC; these parents will now be eligible for increased child care support under the new law. Head Start and child care have formed new types of creative collaborations nationally and in some communities, e.g., in Kansas City (Kauffman Foundation, 1994) and in New York City (Kraus & Chaudry, 1995), which model a form of service delivery that is likely to spread in the future (Poersch & Blank, 1996).

- **Determining the extent of county and municipal subsidies would be useful.**
- **We will want to track how many children receive child care purchased by subsidy, particularly those hardest to serve—infants, children with disabilities, and school-age children.**

Public Investment Grows

The 1997 federal and state subsidy of approximately $4.5 billion is a conservative estimate, in that it excludes municipal expenditures and expected increases in some states. (It includes approximately $150 million targeted for improving child care quality; it does not include Head Start's budget of over $4 billion.) But as is, it is substantial. It is expected that states may contribute up to $908 million as their share of the maintenance of effort (MOE) requirement to draw down matching funds; for some, matching involves appropriating state funds never before committed to child care.

Some municipalities and/or county governments also contribute to child care, though these subsidies may not necessarily be earmarked for low-income children and families. City subsidies frequently help maintain the local child care infrastructure—to support resource and referral, local monitoring and registry, and occasional training and certification of staff. At present, cost estimates of municipal and county subsidies are unavailable.

The new legislation enables states to consolidate funds and create a single child care subsidy system. In best cases this is expected to lead to continuity of funding to families and, in turn, to their children. Previous systems required states, in many cases, to change the funding source for family and child care when the family made the transition from welfare to work. Multiple funding streams caused inefficiencies, at best, and discontinuities in services, at worst.

More Children Receive Subsidy

An estimated 1.18 million children used federal child care subsidies in 1995, the most recent year for which there is a count. This total included an estimated 343,000 infants and toddlers and an estimated 387,000 school age children. Clearly, a great many low-income children are involved, and their numbers are increasing.

Summary

As public policy focuses more and more on child care services to low-income children and families, the need for a research agenda to monitor effects becomes evermore pressing. Federal and state government subsidy to child care is large—again, $4.5 billion in 1997. These subsidies intersect the funding of new welfare reform measures, health care, and Head Start and they affect millions of low-income children.

New Policy Incites New Questions

New questions are emerging as states assume greater autonomy in the management of child care programs (Chung & Stoney, 1996; Oldham 1997):

- What are the children experiencing? We will want to know what is the nature, quality, and amount of care being purchased for low-income children and how their development and life quality are affected. How do states

monitor the type and quality of care, known to have an impact on children's development?

- What are parents experiencing? Many questions arise over parents' use of subsidized care: how they choose from what is available, what problems they encounter, how their children's care interacts with their own work, and why some parents eschew subsidized care altogether.
- How are delivery systems and markets affected? How will states, communities, employers, and the market make good, sensible child care choices available to low-income families? About the states, will they be able to balance demand and supply within their subsidy budgets? Will they be pressed to make tradeoffs between supply and quality or regulation, or between welfare recipients and the working poor? About the markets, are supplies of quality care adequate? How well are child care workers paid? How stable are arrangements and providers? If an underground market develops, what will be its effect on children? About the interaction of system and market, will subsidy enhance the child care infrastructure? And what will be the effect on quality? Does a flourishing child care system contribute to the economies of states and communities?
- What is the public's opinion of subsidy? Are Americans willing to invest in child care for low-income families? If so, what safeguards do they want in place to assure quality and regulation?

The Knowledge Base and Its Limitations

What we currently know about child care subsidy is pieced together from several sources: from research on child care itself, from studies of subsidies to other services for low-income families, from examination of low-income subsamples within larger studies, and from other studies that include children within some broader context. When research is focused squarely on subsidy, new questions emerge from two sources—from the child care literature now applied to subsidy and from state administrators (Chung & Stoney, 1996; Oldham, 1997).

In 1995 a series of three workshops held by the Board on Children and Families (of the National Research Council), and supported by ACYF and the Ford Foundation, brought together child care researchers with program and policy representatives. Their purpose was to define the current state of child care research on low-income families. Two reports—*Child Care for Low-Income Families* (Phillips, 1995) and *Child Care for Low-Income Families: Directions for Research* (Bridgman & Phillips, 1996)—summarize the knowledge base established at the workshops. Some more recent findings[3] add to our knowledge and help set a course for future research that would examine public subsidy and its effects.

Child Care Effects and Children At-Large

Whereas we now know a great deal about child care effects in general (Love, Schochet, & Meckstroth, 1996; Phillips & Howes, 1987), we know less about the special case of effects of subsidized care on low-income children.

Quality of care matters. The effects of quality on children's development are well documented—in the cognitive domain (Field, 1991), on language development (McCartney, 1984), and on socioemotional development (Cost, Quality and Outcomes Study Team, 1995; Howes, Phillips, & Whitebook, 1992; Phillips, McCartney, & Scarr, 1987). But when quality is poor, this appears to affect low-income children more negatively than children in general (Cost, Quality and Outcomes Study Team, 1995). On the other hand, a positive environment can compensate to some extent for the negative effects of poverty on young children (Campbell & Ramey, 1994).

From studies of child care in the U.S. we know that child care is, on average, of poor to fair or moderate quality. One study, which sampled a broad spectrum of incomes, found that approximately 50% of the care in homes of all income groups was rated as fair or worse (Galinsky, Howes, Kontos, & Shinn, 1994). Center-based care in the U.S. has been characterized as low to moderate in quality for over 90% of infants and toddlers and for over 60% of preschool-aged children (Cost, Quality and Outcomes Study Team, 1995).

- **The special vulnerability of low-income children points to the importance of determining what quality of care subsidy is buying.**
- **An evaluation state by state of the quality of home care being purchased by subsidy would be valuable.**
- **Will children's arrangements change when their family's child care subsidy is depleted or reduced, thereby threatening continuity of children's experience?**

Home care. Although the use of center-based care is increasing, the majority of care for young children, particularly those of low-income families, is provided in homes. We know that home care is less likely to be regulated than center care and that home care is, on average, of lower quality for poor children than for nonpoor children (Galinsky et al., 1994; NICHD, 1997). There is tremendous variation among states in their regulations for home care.

Center-based care. Child care provided in centers is, on average, more expensive than home-based care, which may restrict access for low-income children unless they have a subsidy. In one study, however, very low-income black and Latino households displayed the highest rates of center utilization, relative to other income groups and to whites (Fuller, Holloway, & Liang, 1996). It was also found that as families became ineligible for subsidies, their ability to enter a child in a center declined. The quality of centers used by very low-income families tends to be comparable to that of centers used by high-income families (Phillips, Voran, Kisker, Howes, & Whitebook, 1994). The near-poor, i.e., with family income from 100% to 200% of poverty, appear to have the fewest opportunities to use center-based care (NICHD, 1996), and the centers they use are of the lowest quality (Love et al., 1996; Phillips & Howes, 1987).

Researchers have yet to determine how access—under conditions of subsidy—intersects with the opportunity for quality, in general, and center-based care quality, specifically. The "quality x access x type of care x time" equation is a complex one. The "time" variable refers to consistency of care arrangements over time. Children using child care subsidy may not have access to the same arrangements after subsidy runs out as they did when they were entitled to child care support.

Regulated vs. unregulated care. Public funds are already buying large quantities of unregulated, i.e., unlicensed, care (Pavetti & Duke, 1995). This includes both care by relatives and other forms of home care, sometimes referred to as "care by kith and kin," and preferred by many families. Some unregulated care serving very small numbers of children is exempt from state-specific licensing requirements and is thereby legal, but other forms of unregulated care may be illegal. Subsidy is only supposed to purchase legal care; but does it?

Widespread use of unregulated care, both legal and illegal, is expected to continue. Seventy-five percent of states polled in a recent survey reported they were using public subsidy for unregulated care, owing to supply shortages (General Accounting Office [GAO], 1995). Following implementation of a welfare reform demonstration in Vermont, for example, use of unregulated care increased 26%, compared to a 5% increase in use of regulated care (Pavetti, 1995). We know that enforced and higher state standards are associated with better center-based program quality and more positive outcomes for children (Cost, Quality and Outcomes Study Team, 1995; Whitebook, Howes, & Phillips, 1989). In home care,

higher enforced standards are also related to greater caregiver sensitivity and responsive involvement and less detachment in interaction (Galinsky et al., 1994); use of unregulated care, in contrast, has been associated with greater instability of care (Siegel & Loman, 1991). The new study, the National Study of Child Care for Low-income Families, is expected to provide information about license-exempt care within its special emphasis on family care.

Parents' opinion about quality. Low-income parents, more than parents at large, are dissatisfied with their care arrangements and are most likely to want to change them if they could (Kisker & Silverberg, 1991; Meyers & van Leuwen, 1992). For example, it was found that only 30% to 40% of the parents in a low-income sample were fully satisfied with the program quality of the child care they were using (Meyers, 1995). This finding contrasts with consistent reports from middle- or mixed-income samples showing that the majority of parents are satisfied, at least at the global level, with their child care (Emlen, 1996).

Impact of subsidized care on infants and toddlers. Infant care is the least well-developed segment of the subsidy market, perhaps because it is the newest. Only recently have large numbers of mothers of very young children been expected to work. Many mothers who were formerly exempt from work requirements will no longer be so under the new welfare-to-work policies. And many mothers of children under age 1, who may still be exempt in some states, are opting for work programs because the year of deferment counts against their lifetime quota for receiving assistance.

What role subsidy will play in providing for this burgeoning segment of children is an open question. Every state in the GAO study (1995) reported shortages in infant care, and demand is expected to become more acute under the new welfare law. Many parents may turn to license-exempt care—to family and friends whom they trust more—for their very young children. The special vulnerability of infants to poor environments is an important consideration (Carnegie Corporation, 1994). One study found care quality, as reported by mothers who were making the transition from welfare to work, was poorer for infants than for children of any other age (Meyers, 1995), a result also found in other studies (Cost, Quality and Child Outcomes Study Team, 1995; Whitebook, Howes, & Phillips, 1995).

Child care subsidy combined with other sources of support. Evidence suggests that combining child care subsidy with other supports can enhance children's development. The Head Start Family Child Care Study (ACYF, 1997), for example, reported that a family child care model, in which the Head Start program was delivered in a family child care setting monitored through the Head Start Performance Standards, was as effective as traditional Head Start in achieving child development and program process goals. And in a study in Kansas City it was found that quality of care improved when Head Start Performance Standards were implemented in the child care setting(Stubbs-Gillett, 1997). The Early Head Start study, now in progress, is comparing effects of child care on infants and toddlers with and without Early Head Start comprehensive services and, the reverse, of Early Head Start with and without child care (Mathematica Policy Research, 1998).

- **We have yet to learn about the effects of varying state policies related to license-exempt care. Nor do we know how regulation interacts with parental preferences or how children of parents who have a network of friends and relatives fare compared with those who have little family and social support.**
- **What is the experience of families who need infant care, within any given state? How will states use the new appropriations for infant/toddler quality enhancement?**

Subsidized Child Care and Parental Self-Sufficiency

A few studies, most of them of welfare reform

demonstrations, support what many people have assumed—that child care subsidy relates positively to the self-sufficiency of parents (Meyers, Gilbert, & Duerr-Berreck, 1992). We do not know, however, whether accessible, quality, stable, affordable child care enhances other areas of family life, including stability in housing, health, relationships, and parenting; but this should be investigated. A new study that examines child care, in connection with other child variables, is expected to bring new data to the current discussion of subsidy and self-sufficiency. This study is being coordinated by Child Trends in Washington, DC, and conducted in 12 state welfare demonstrations (California, Connecticut, Florida, Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Oregon, Utah, and Virginia).

- **How do tradeoffs such as waiting lists and co-payments for eligibility at and above the poverty level translate into the experience of families and children?**
- **To what extent does stable child care lead to stability in work patterns? And the reverse, when child care is unstable, can parents maintain stability in work?**

Child care and the transition from welfare to work. The best known study of the role of child care in mothers' transition from welfare to work is of California's GAIN project. Mothers who had child care support in addition to basic JOBS training were more successful in making the transition from welfare to work than those without child care (Meyers et al., 1992). Other studies have shown that problems with child care arrangements have led to job loss among poor families as they make the transition from welfare to work (Nightingale, Wissoker, & Burbridge, 1990; Thornton & Hershey, 1990). And low-income families, more than middle-income families, have fewer supports of the sort needed to create an effective balance between work and family (Families and Work Institute, 1996).

Child care and welfare dependence. Child care appears to be just as important in keeping people off welfare as helping them go from welfare to work. Several studies show that low-income families are more likely to turn to welfare when they cannot get child care (Ebb, 1994). A study in Minneapolis showed that 25% of working poor families on a waiting list ended up applying for AFDC before child care came through. Studies in Illinois (Siegel & Loman, 1991) and Baltimore (Ebb, 1995) reported a similar pattern. Such findings underscore the importance of maintaining child care for the working poor.

Child care and employment stability. Stable child care is believed to enhance parents' capacity to maintain steady work activity. We know that instability in child care and in low-income parents' work patterns are related to each other (Kisker & Ross, 1997). In a study of AFDC families in Illinois, it was found that highly unstable child care was linked to unstable working and lifestyle patterns (Siegel & Loman, 1991). Another study showed a relationship among work stability, child care subsidy, and child care price in a sample of working poor families (Collins & Hofferth, 1996).

Family choice of care. During the spring of 1995, 12.9 million infants, toddlers, and preschool children received care and education on a regular basis from persons other than their parents. The parents reported using the following child arrangements: 21% relative care; 31% center-based care, and 18% family child care or home-based nonrelative care (West, Wright, & Hausken, 1995).

A just-released Census Bureau report finds that, in the fall of 1994, 43% of America's preschool children received primary care from relatives other than their mothers (Casper, 1997). Fathers were included in the relative-care category, and the report covers both in-home and out-of-home care. The report also finds that 29% of the children attended a center-based facility; that part-time, poor and non–day-shift parents were the most likely to rely on relative care, and that Hispanic preschoolers were far less likely than African American or white children to receive care in center-based facilities.

To be successful at work, low-income fami-

lies may have special child care needs. But what options do they have? What parents say they prefer may differ from what they select, because decisions are influenced by price and location of care as well as by considerations of child well-being (Hofferth & Wissoker, 1990). Options vary greatly by region, and choices vary by education, income, and family structure (Singer, Fuller, Keiley, & Wolf, in press). Children in the South are most likely to enter early care, those in the Northeast least likely. Mothers who are single and who worked during pregnancy and have no other children are most likely to use nonparental care. Children who are either white or Latino are less likely to be placed in early care than are children from African-American families. Mothers who are college educated are more likely to place their children in care than those with an eighth-grade education. It was found, however, that the differences in care use by race disappeared when other factors were taken into account.

- **Are parents finding that the child care available to them meets their needs? Does having access to viable child care options help low-income parents achieve self-sufficiency?**
- **State administrators would like to know why some families apply for subsidy and others do not.**

Low-income parents rely more on relatives and less on center care than do middle-income families (Phillips et al., 1994). In one study, 42% of the families with incomes below $20,000 used relative care, compared to 20% of the families with incomes over $40,000 (Galinsky et al., 1994). Low-income, single parents, in yet a further report, relied more on nonrelative care and on multiple care arrangements than did low-income, two-parent families (Brayfield, Deichands, & Hofferth, 1993).

We know little about parents' satisfaction in arranging optimal care for children in the face of varying schedules and irregular work hours. In the Illinois study, 40% of the low-income families needed child care during nontraditional hours (Siegel & Loman, 1991).

Delivery Systems and the Market: Quality and Supply

Many factors have to be balanced as states work out the equation of child care demand, supply, and cost. The little we know about how subsidy interacts with states' overall delivery system and market characteristics comes from studies of welfare reform demonstrations and state and regional data. In this section we also draw from observations about possible new research topics identified by child care administrators (Chung & Stoney, 1996; Oldham, 1997).

Anticipating demand. State child care administrators must make projections of the demand for subsidy to maximize its best use. They must also take into account the "uptake rate" (i.e., the rate of use of subsidized care),which varies in a welfare-to-work population; not all eligible families apply. In a study of five state welfare reform demonstrations, "uptake rates" ranged from 40% in Colorado, to 45% in Iowa, to 57% in Utah (Pavetti, 1995).

Influencing demand. Demand for child care assistance in any one state is influenced by a myriad of factors. Some are intrinsic to the population or particular state economy, whereas others can be modified by policy decisions. States determine who is eligible, who is exempt, what is affordable care, whether to have a waiting list for child care assistance, and how much a family shall co-pay for its child care.[4]

States establish the level of poverty at which assistance is offered. Eligibility to receive a subsidy is state-determined, capped only by a limit at 85% of state median income. Thus, some states may provide child care to families with income at 185% of poverty, or higher, whereas others may put the limit closer to the poverty line. States determine who is eligible and who is exempt from work requirements; both of which influence child care demand. Families who are unable to locate affordable child care are exempt

from work requirements (though the exempted time counts against their lifetime welfare limit), but it is the state that defines "affordable." States determine whether to have waiting lists for assistance. Work requirements vary for parents of infants; in some states mothers are exempt until their infant reaches age 1, but, again, the exempted time is added to the lifetime limit. All such state decisions affect the level of demand.

Affording care. States will estimate how much child care they can afford. Local markets determine the cost of all child care, which in turn influences costs to the state. Colorado's child care subsidy costs are high, for example, because market cost is high; also contributing is a relatively higher demand in that state for more expensive center-based care (Pavetti, 1995).

Prior to the passage of federal welfare reform legislation, a survey of seven states found that five of them had insufficient funds for child care for their welfare-to-work families (GAO, 1995). Personnel of five welfare reform demonstrations (in Utah, Colorado, Iowa, Michigan, and Vermont) stated that they feared child care would "break the bank" once demonstrations were fully implemented (Pavetti & Duke, 1995). States that were committed to supporting child care prior to the new legislation are in better shape than those less committed because they have by now a stronger base for the federal match.

- **State-specific studies focused on supply and demand relative to resources would be useful. Establishing comparable definitions that would enable cross-state comparisons would also be valuable.**
- **Research is needed to determine the "ripple" effects of changing policy—how tradeoffs meant to stretch state dollars affect the child care that children receive.**

Assuring supply of child care. Reports vary as to the adequacy of supply, and studies show supply varies by region (Kisker, Hofferth, Phillips, & Farquhar, 1991). In one report child care supply was judged "not a problem" in states (Pavetti & Duke, 1995); but another reported that waiting lists were common across study sites and that some cities had shortages that affected all families, not just those of low income (Long & Clark, 1995). Waiting lists are only a rough estimate of need, however, in that they are expensive to keep updated (Ross, 1995).

Definite shortages exist in specific areas: for infant and school-age care; for children with disabilities or for children who are ill (Bridgman & Phillips, 1996); for children in rural areas (GAO, 1995); and for those who need care during nonstandard hours (U.S. Senate, 1997). The Working Families and Child Care Act of 1997, S. 19, in draft language reports that one third of the mothers with incomes below poverty and one fourth of working poor mothers work on weekends, yet only 10% of centers and 6% of family care homes offer care on weekends (U.S. Senate, 1997).

Making tradeoffs. States may choose to make tradeoffs to stretch their resources and to balance their books. They may relax regulatory standards in order to increase the supply of low-cost child care for low-income families. They may set income eligibility limits high but then temper the effect by adding waiting lists or raising co-payment levels at the high end of the eligibility continuum. Or, if a working parent with income at 180% of poverty must co-pay a large proportion of her child care, let's say at 20% of her income, then the net benefit to the family may be negligible. This latter case illustrates the dilemma families face: as their income increases, they may have to seek less expensive child care—and the result may be discontinuity for children.

Subsidizing working poor families. According to the Working Families and Child Care Act, the bill proposed by Senator Dodd and others that is aimed at helping the working poor, this group is the least likely to receive assistance with child care costs (U. S. Senate, 1997). The authors of this bill cite estimates from the Congressional Budget Office (1997) that child care expenditures for the working poor will decrease by $1.4

billion as a result of welfare reform. Regardless of whether the Working Families legislation passes, many states are attempting to include this group within their subsidy plans, but tempered, as already described, by waiting lists and high co-payments. Working poor families are currently on waiting lists to receive child care subsidy in 38 states (U. S. Senate, 1997).

Saving money or creating supply by purchasing unregulated care. A number of states have balanced their child care budget or generated supply by relying on minimally regulated or unregulated care. The GAO reported in 1995 that 75% of states surveyed used subsidy for care that was exempt from state regulation. These states may report that child care is "not a problem."

Again, it is important to distinguish between care that is exempt and legal and care that is illegal. The former refers to care that is exempt from regulation because it serves a smaller number of children than the state has identified as the minimal setting size requiring a license. The latter refers to care that would have to be licensed under normal circumstances in that state. No illegal care is supposed to be purchased by subsidy; however, inspections of unregulated care are minimal, in some states nonexistent. Health and safety standards typically are what is regulated. Although states are required to set health and safety standards for child care and to ensure they are met, studies have yet to verify which standards are enforced.

- **Studies are needed to track the effects of new state policies on the availability of child care to the working poor.**
- **How are states using their quality enhancement funds? How effective are states' efforts to increase the quality of care?**

The Children's Defense Fund (1996) estimates that 40% of children are currently in care that is not subject to basic health and safety regulations. And child care represents a departure from the more standard practice of tying federal subsidies to *guarantees* of health and safety regulations (Meyers, 1995).

Enhancing quality. Although 4% of the total Child Care Development Fund moneys (see note 1) are to be used for child care quality enhancement, states can spend more. Will they? In Florida it was demonstrated that quality improved when Child Development Associate training was instituted in programs (Howes et al., 1995). Some states are tying reimbursement rates to program quality, e.g., by paying more for children who attend centers accredited by the National Association for the Education of Young Children. Studies in Oregon are measuring consumers' perception of child care quality on a repeated basis (Emlen, 1996).

Assessing provider compensation and other staff features. Child care is, historically, a low-paying occupation. For subsidized care, states determine providers' reimbursement for services. Under the previous Child Care and Development Block Grant, providers could be paid up to 75% of the maximum market rate, based on surveys of local markets. This provision has now been eliminated; states may pay more or less.

Average income for full-time child care providers, though increasing, is still very low, and low wages predict high rates of staff turnover. For many their low wages are not commensurate with their education. The child care staffing study found, based on a national sample, that nearly one third of teachers and providers had bachelor's degrees, but these same teachers were earning less than half the annual wages of all women with college degrees (Whitebook, Howes, & Phillips, 1989). A follow up of this classic study of child care staffing showed that relationships between higher compensation and lack of turnover, as well as some aspects of better quality, were still present several years later (Whitebook, Phillips, & Howes, 1993). The report of a second follow-up is due to be released in 1998.

There are indications that staffing patterns in child care are changing. Some states have encouraged mothers leaving welfare to become

child care providers. Other states are experiencing staffing crises because the field is unable to attract enough staff to keep up with the demand.

- **How are the changing policies and new systems affecting providers' income?**
- **Which providers enter and stay in the field?**
- **What effects do staffing, training, and compensation enhancement have on the quality and stability of care that children receive?**
- **Surveys in states could be conducted to probe the public perception of current child care being offered and the public's willingness to contribute to a quality system for low-income and other children.**

PUBLIC OPINION

Annual Gallup surveys conducted with American adults from 1989 through 1993 showed that a majority of Americans have favored public support for child care for poor children (Gallup Organization, 1996). When Gallup asked samples of 1,000 citizens, "Do you think government should play a role in providing adequate child care?" 67% of the 1989 respondents supported the idea; in 1990, 64% agreed; in 1991, 59%, and in 1993, 55% agreed.

A large majority in two further polls—83% in 1992 and 84% in 1993—also favored government assurance of minimum standards for health and safety in child care settings (Gallup Organization, 1996). A 1996 survey reported in *Time* magazine showed that 88% of adult Americans believed that providing day care for poor children so their parents can work was among the highest priorities for government (Gleick, 1996).

Thus it appears there was a trend of eroding support for subsidized child care in the early nineties, but though the question asked was a slightly different one, the 1996 poll suggests Americans may now be favoring public support to a greater extent than they have in the past; this new trend may be a response to the connecting of child care with welfare reform. Public support may be further enhanced by 1997 public engagement efforts focused on early development, including a television special, an April White House conference on infant brain development, and special issues of two leading news magazines. It remains to be seen whether current public support for child care is soft or whether the focus will be sharpened to create a stronger base of taxpayer support for child care.

WHERE WE GO FROM HERE

Public investments are typically accompanied by research funds aimed at determining effects and sharpening program efficiency. Head Start, for example, has a portion of its funds appropriated for research. For reasons unclear the public investment in child care has had no such research track. We argue that new research can bring greater accountability to child care dollars at all levels.

Opportunity Now: New Models of Research

This current period is prime for initiating research on the effects of child care subsidy on children, families, and child care systems at state and community levels. We call upon researchers to form partnerships with state agencies to take up this challenge, even in the absence of federal mandates.

The data. The new welfare law assures the collection of relevant data. What analyses will be undertaken remains open. States are required to report data on a regular basis,[3] but the plans for state-level analyses of these data are not known. Many state administrators, however, have begun to explore possibilities for research beyond required reporting and have advanced the questions they would most like addressed (Chung & Stoney, 1996). They may, therefore, be very open to partnerships with child care policy researchers within their states.

Some models. At least one collaborative model is being implemented: The Child Care

A plethora of unanswered questions remains:

- Are subsidy dollars buying quality care for children? Are they buying substandard care that may increase risks for poor children?
- Are the subsidy dollars intended for quality enhancement effective in improving system quality?
- How viable are the child care markets and infrastructures being created and expanded in states to meet the needs of low-income families?
- Are child care subsidies being used for families making the transition from welfare to work at the expense of the working poor?
- Are costs of child care being offset by savings in welfare payments or greater economic productivity?
- How is child care use driven by the payment system?
- How effectively are programs that serve low-income families with young children working with one another to optimize funding use
- How are subsidies helping families integrate home and work experience?

Bureau's Child Care Policy Research Consortium, begun with federal funding of only $300,000 annually for FY 1995 and 1996, has generated multiple analyses of data bases and data supplements. The purpose of this consortium is to increase and strengthen capacity for cross-cutting research on critical child care issues affecting welfare recipients and low-income working families. The consortium is composed of colleges, universities, and private research organizations; state and local child care agencies; resource and referral agencies; national, state, and local organizations and others with an interest in child care research. In 1997 the total project funding level was increased to $1 million per year for four years.

Though still in an early stage, these efforts are promising. The partnerships bring together researchers with national, state, and/or local child care agencies, as well as with resource and referral agencies and a variety of professional organizations. Three partnerships, coordinated through a consortium under the leadership of Dr. Pia Divine in the Child Care Bureau, were funded in FY 1995 and 1996. Two new partnerships were added in 1997 (see Boxes 1 and 2, pp. 14, 15).

In addition, some states are conducting ongoing welfare reform demonstration research, which lends itself to child care–related questions. The integrated study of 12 states' welfare reform, being coordinated by Child Trends under the direction of Dr. Kristin Moore, includes a large number of such questions as do some of the studies in the Research Forum on Children, Families and the New Federation. Other states may undertake their own studies.

Conclusion

In this report I have made the case for the importance of conducting research focused on three types of questions related to child care subsidy:

(1) What are the effects on children?

(2) What are the effects on families?

(3) What is the mutual effect on child care markets and family demand for care?

To answer the latter involves delving into a complex array of factors: how states balance their child care block grants with the demand for different forms of care, existing supply, current market rates, regulatory factors, quality enhancements, and state economic development.

In the absence of mandated research, I have argued that research be conducted following the model of the Child Care Research Policy Consortium, whereby child development re-

Box 1. National Study of Child Care for Low-Income Families

This study is being conducted under contract from the Administration for Children and Families (ACF) by Abt Associates, Inc., in collaboration with Columbia University's National Center for Children in Poverty (NCCP). The study, which begins in 1998, will investigate the effects of welfare reform and child care policies on low-income children and their parents, communities, and states. The study has two components:

(1) Data on state and community policies. Extant data from all 50 states will be reviewed to establish a national context for state child care policies, practices, regulations, and resource allocation. Approximately 25 communities will be studied in detail. They will be drawn from the 100 counties/county groupings that were used in the National Child Care Study (NCCS).

(2) Data on children and their families and care providers. Information on child care and employment decisions of low-income families will be gathered, with particular emphasis on the use of family care. A subset of low-income families and their child care providers, sampled from neighborhoods within 5 of the 25 communities in the larger sample, will participate in the study. Children will be observed in family care settings. In addition, family and care providers will be interviewed about the parent-provider relationship, providers' views of the care they supply, and parents' capacity to manage the competing demands of child care and work. Focus groups of parents and providers will help in the development of measures and the collection and interpretation of data.

For additional information, contact Richard Jakopic, ACF, and Gilda Morelli, Boston College.

searchers and policymakers form partnerships. With this model we will be able to address questions about subsidy, using existing record data, supplemented by new data as funds become available. A recent paper, developed under contract from the Child Care Bureau, provides guidance to administrators in how to establish, maintain, and use child care research projects (Chung & Stoney, 1998).

Although funding is not guaranteed, when the argument is compelling, as I believe it is in this case, when the questions are clear, when the desire for accountability of public funds is sincere, funders and partners may well respond to the need for support. Certainly, the time is right, now, during this period following reformulation of state plans and redistribution of funding.

Though states are now settling into enacting their plans in line with welfare reform legislation, new proposed legislation, both federal and state, is likely to create further waves of dynamic activity in 1998. New opportunities for research stand to bring a new accountability to child care subsidy. Child development experts are encouraged to explore collaborations with state legislatures, state and local administrators, and local and state resource and referral agencies to carry out research focused on child care subsidy.

Box 2. Child Care Policy Research Consortium

- The California Child Care Resource and Referral Network is working in partnership with the University of California, Yale University, and the Florida Children's Forum. Patricia Siegel, executive director of the California Child Care Resource and Referral Network, is the primary contact for the study. This partnership will study the following questions: How are availability and quality of preschool and child care facilities changing as California and Florida seek to expand supply? How are welfare families in Connecticut selecting different types of care. How do these decisions relate to children's early learning and development. How do the contextual dynamics of community child care supply affect family decisions?

- The Harvard School of Public Health is collaborating with the Project on Human Development in Chicago Neighborhoods, the Child Care Division of the Illinois Department of Human Services, and Children's Services of the Chicago Department of Human Services. Felton Earls, Harvard University School of Public Health, is the primary contact. This study will address the following questions: What is the ratio of supply to demand for child care at the neighborhood level? How does quality of child care vary by neighborhood? How do the supply/demand ratio and quality vary by the age and developmental capabilities of children across neighborhoods? How do effects of neighborhood, family, and child care factors relate to child outcomes? How many and which low-income families use the State of Illinois child care subsidy? How does subsidy use vary by neighborhood?

- The National Center for Children in Poverty (NCCP), Columbia University School of Public Health, New York City, is leading a team of 11 partners that include Manpower Demonstration Research Corporation (MDRC), Rutgers University, state-level partners in Illinois, Maryland, and New Jersey, and city-level partners from New York City. Larry Aber, NCCP, Columbia University School of Public Health, is the primary contact for the project. This partnership is focusing its research in four general areas: the nature of low-income child care markets, effects of welfare and child care policies on child care and children's development, dynamics and qualities of license-exempt child care, and child care issues for special populations.

- Linn-Benton Community College, Albany, Oregon, is collaborating with Portland State University, Oregon Employment Office, Oregon Child Care Resource and Referral Network; National Association of Resource and Referral Agencies, Families and Work Institute, and AT&T. Bobbie Weber, Linn-Benton Community College, Albany, Oregon, is the contact person. This partnership will address the following questions: What are key indicators of quality used by parents? How do these indicators interact with accessibility and availability? How can data be standardized across programs, including child care and Head Start? Which data are essential? What are the relationships of the receipt of child care, health care, and other supports with family success in securing and maintaining employment and increasing wages? Across rural and urban areas?

- Wellesley College leads a partnership that includes state and local elected and appointed officials, state and local child care administrators, employers, resource and referral agencies, and others. The work of the project is to be coordinated with the Urban Institute's research on New Federalism and the National Study of Low-Income Child Care. Ann Witte, Wellesley College, Wellesley, Massachusetts, is the contact person for the partnership. This partnership will research the following questions: How do child care subsidies and welfare policies affect economic self-sufficiency of low-income families and the quality, availability, and price of care received by low-income children? How do quality, availability, and price of care for low-income children and families compare to these factors for more affluent families?

Notes

[1]Under the new legislation, four federal funding sources have been replaced by one fund with multiple functions. A central federal fund, known as the Child Care Development Fund, is the source of allocations to the states for block grants. Each state's grant will include mandatory, matching, and discretionary funds. The new legislation combines what were previously four funding streams—Child Care for AFDC recipients, transitional Child Care (TCC), At Risk Child Care (ARCC), and the Child Care and Development Block Grant (CCDBG).

[2]Senator Chris Dodd (D-CT) introduced 1997 legislation that would add $2 billion per year targeted for child care support for the working poor and for building supply in areas of greatest need—for infants, school-age children, children with disabilities, and children who are ill.

[3]Recent findings have come from the ACYF Child Care Policy Research Consortium, from reports on states' welfare reform activities, from an NICHD Child and Family Well-being Network meeting to inform child care components of state welfare waiver evaluations (February 7, 1997), from a meeting convened by the National Research Council and the Board on Children, Youth and Families of the Institute of Medicine, Head Start–Child Care collaborations (February 13–14, 1997), and from additional work of the National Center on Children in Poverty.

[4]The Children's Defense Fund (1997) reports that 38 states had waiting lists for child care assistance. State- or county-level waiting lists for assistance are distinguished from program-level waiting lists for child care slots.

[5]States report the following data on a quarterly basis: family income; county of residence; gender and age of children receiving assistance, whether the family includes only one parent; sources of family income (including employment, IV-A case assistance, housing assistance, food stamp assistance, and other assistance programs); the number of months the family has received benefits; the type of child care in which the child was enrolled; whether the child care provider was a relative; the cost of child care for families; and the average hours per week of care. This information is not to be collected using a sampling method. The following information must be reported every 6 months: the number of child care providers receiving funding; the monthly cost of child care services and the subsidy cost portion; the number of payments made to providers through vouchers, contracts, cash, and disregards under public benefit programs, listed by the type of child care services provided; the manner in which consumer information was provided to parents; and the total number of children and families served.

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BRIEF

President Clinton's Child Care Initiative

Helen Raikes

On January 7, 1998, President Clinton announced an initiative to improve child care for working families. The president's FY 1999 budget will include $21.7 billion over five years for child care, the largest single investment in child care in the nation's history. President Clinton's proposal would help working families pay for child care, build the supply of good after-school programs, improve the safety and quality of care and promote early learning. Specific provisions include:

- Child Care Block Grant Increase of $7.5 billion over five years. This provision would double the number of children receiving child care subsidies to more than 2 million by the year 2003.
- Child and Dependent Tax Credit Reform of $5.2 billion over five years. This provision would increase tax credits for 3 million working families to help them pay for child care.
- Tax credit for businesses of $500 million over five years. This tax credit would cover 25% of qualified costs up to $150,000 per year for businesses that provide child care services for their employees, including operating, building, or expanding child care facilities, training child care workers, reserving slots at child care facilities, or providing child care resource and referral services.
- After School Care of $800 million over five years. This measure would provide after-school care for up to .5 million children per year by expanding the 21st Century Community Learning Center program.
- Early Learning fund of $3 billion over five years. This provision would provide challenge grants to communities to support programs that improve early learning and quality and safety of children ages 0 to 5. The Early Learning Fund builds on state initiatives such as North Carolina's Smart Start which is designed to help the state's children enter school healthy and ready to succeed, through a broad variety of local efforts.
- Head Start Increase of $3.8 billion over five years. This increase would double the number of infants and toddlers in Early Head Start to 80,000 and would keep on track the president's commitment to serve 1 million children in Head Start by 2002.
- Standards Enforcement Fund of $500 million over five years. Building on the military's model child care program, this initiative would fund state efforts to improve licensing systems and enforce the child care health and safety standards.
- Child Care Provider Scholarship fund of $250 million over five years. Child care workers who commit to remaining in the field for at least one year for each of assistance received would receive scholarships funds for child care credentials and increased compensation or bonuses when they complete the study or credential.
- Research and Evaluation Fund of $150 million over five years. This fund would support a National Center or Child Care Statistics, a child care hotline for parents, and demonstration projects with parents who choose to stay home to care for infants or newly adopted children.

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Implications of the 1996 Welfare Legislation for Children: A Research Perspective

Martha Zaslow, Kathryn Tout, Sheila Smith, and Kristin Moore

Introduction

In this report we use results from evaluations of welfare-to-work programs and findings of basic research on children and families to anticipate the implications for children of the 1996 federal welfare legislation, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA; P.L. 104-193). The new law replaces the Aid to Families with Dependent Children (AFDC) entitlement program with the Temporary Assistance to Needy Families (TANF) block grant to states. Much of the concern about the possible implications of the legislation has focused on adult recipients, especially whether adults will be able to make a transition to stable employment (McMurrer, Sawhill, & Lerman, 1997; Nightingale, 1997). Yet children comprise the majority of those receiving public assistance. In 1995, approximately two-thirds (9.3 of 13.6 million) of those receiving Aid to Families with Dependent Children each month were children (U.S. House of Representatives Committee on Ways and Means, 1996). Further, provisions of the new legislation, particularly the work requirements, have clear implications for children's child care situations and experiences within the family. Thus, there is also growing concern about how children may be affected by the new policy (see Blank & Blum, 1997; Collins, 1997; Collins & Aber, 1997; Kisker & Ross, 1997; Knitzer & Bernard, 1997; Larner, Terman, & Behrman, 1997; Moffitt & Slade, 1997; Parcel & Menaghan, 1997).

The policy change is too recent for us to have a body of research results focusing specifically on PRWORA and children. Yet research findings from two other sources can aid us in anticipating the implications of the new legislation for children. First, some research in the past decade has extended the use of random assignment evaluation studies of welfare-to-work programs to consider effects on *both* adults and

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children. While the number of such studies is small, and much of the work is still in progress, this has been an important development, allowing for consideration of program impacts on children.

Second, the body of basic research on factors that help shape children's development, particularly research with an ecological perspective (Bronfenbrenner, 1986), also provides findings pertinent to the present policy context. As we will note, basic research examines the implications for children of maternal employment, poverty, participation in differing child care settings, and fathers' involvement with their children—the very factors that the new policy seeks to address.

While we will consider the new welfare policy from a research perspective, we note two caveats: First, the evaluation studies that focus on children over the past decade have examined welfare-to-work programs that differ in important ways from those that are currently being put in place (for example, in terms of the populations targeted, whether participation in employment-related activities was mandatory, and the support services offered). These studies are thus not an appropriate basis for specific predictions about the implications of the new policy. Rather, they will be used to illuminate the processes by which children may be affected by welfare-to-work programs, thereby helping us to identify where our focus should be in assessing the effects of PRWORA on children.

Second, the issue of self-selection is an additional concern (Zaslow & Emig, 1997; Zaslow, Moore, Morrison & Coiro, 1995). The relationship, for example, of aspects of family life targeted by the policy (e.g., mothers' employment status) and measures of children's development may change, depending on the mother's circumstance. Mothers who *assign themselves* to employment, for instance, may differ from those who are *required* to work by a mandatory program. Basic research on maternal employment to date considers how children are affected when mothers are employed *of their own volition*. While researchers increasingly take into account the initial characteristics of the mothers that make them more or less likely to become employed at their own volition (Vandell & Ramanan, 1992), they have yet to take into account the *context*—that is, whether or not maternal employment is the result of a policy mandate. Thus, although we are relying on existing research, one must be aware of its limitations.

In this report we first place PRWORA in historical context, noting especially how its provisions differ from those of the Family Support Act of 1988. We then turn to findings from two bodies of research that can help in anticipating the implications of PRWORA for children: (1) the recent evaluation studies of welfare-to-work programs that include child-outcome measures and (2) basic research on children and families relevant to specific PRWORA provisions. The next section provides examples of studies currently in the field and others being launched that will, in time, provide vital new evidence on the effects of PRWORA on children. Finally, in the last section, we note that PRWORA must be considered in the context of further policies that affect children and families.

Placing PRWORA in Historical Context

The new welfare legislation reflects a continuing national debate over *who* should be eligible for public support and *for what purposes*. Legislation has evolved over time, emphasizing originally the needs of widows, then encompassing separated, divorced, and never-married single mothers. The most recent legislation clearly reflects a national concern that policies should not foster, and indeed should discourage, teenage and nonmarital childbearing. Thus, views on the purpose of public assistance have changed dramatically over time. The earliest national welfare legislation had, as its aim, helping to ensure that indigent mothers could

remain at home to care for their children. The most recent legislation, in sharp contrast, requires that recipients work.

Key Turning Points in National Welfare Legislation

We present here a chronology of the key turning points in welfare legislation, drawing heavily from two excellent historical analyses of welfare policy. Chase-Lansdale and Vinovskis (1995) examine the evolution of welfare legislation up to the Family Support Act of 1988. Blank and Blum (1997) discuss changing themes in welfare policy up through passage of PRWORA in 1996.

- Prior to 1935, assistance for poor families was provided by private charities and by governments at the state and local levels. However, the widespread unemployment of the Great Depression exceeded the capacity of local efforts.

- The first national welfare legislation was passed as part of the Social Security Act of 1935. Under this legislation, women who were widows of men covered under the insurance provisions of the law received a percentage of their husbands' benefits, and assistance was provided through Aid to Dependent Children to children in poor families in which the mother was widowed, separated, divorced, or never-married. The legislation reflected a prevailing view that it was extremely important for young children to be reared at home by their mothers.

- Despite the intent of the law to address the needs of all children of single mothers, there were instances in which states restricted its application to children living in a "suitable home." This interpretation was used especially to exclude African-American families and families with never-married mothers. The Kennedy administration eventually took steps against this kind of restriction.

- A 1962 amendment to the Social Security Act changed the name, Aid to Dependent Children to Aid to Families with Dependent Children. The federal role in providing assistance was increased.

- As part of President Johnson's War on Poverty, the AFDC program was expanded. The 1964 and 1965 passage of legislation regarding Food Stamps, Medicaid, and Medicare expanded the benefits available to poor families with children.

- Concern was increasingly expressed over growth in the AFDC caseload, which grew substantially between 1965 and 1970, and especially the number of unmarried mothers receiving benefits. This was coupled with awareness that a growing number of nonpoor mothers with children were employed. This concern was manifested in congressional attempts to limit benefit levels and eligibility.

- In 1967 the Work Incentive (WIN) Program was established. Provisions accompanying enactment of WIN sought to encourage employment of welfare mothers by permitting them to keep a percentage of earnings from work while receiving AFDC. In the 1970s WIN was strengthened to require participation by mothers whose children were age 6 or older. Participation rates, however, remained low.

- In the 1980s there was substantial experimentation at the state level with WIN programs. Some of these programs were comprehensive, including education, training, job search, employment experience, child care, and transportation components as well as transitional benefits. The research base on welfare expanded to include stud-

ies of welfare dynamics (e.g., Bane & Ellwood, 1986; Moore & Wertheimer, 1984), and evaluations of the effects of welfare-to-work programs on such economic outcomes as employment, earnings, and receipt of public assistance. Results were presented in congressional testimony and later summarized by Gueron & Pauly (1991). The research on welfare dynamics showed that many families (about 50%) used public assistance for support during a crisis. However, a minority of families (about 25%) was found to stay on welfare for long periods. This group of families, which tended to be headed by young unmarried mothers, accounted for the majority of AFDC expenditures. Studies of welfare-to-work programs pointed to modest but positive economic impacts.

- In 1988 Congress passed the Family Support Act. This Act built on the WIN demonstrations and the new body of research. It put in place the Job Opportunities and Basic Skills Training (JOBS) Program, a mandatory program for mothers of children 3 years of age and older (or younger at state option). While mandatory, it also provided a range of services, including those that had been provided in the more comprehensive WIN demonstrations (education, training, job search and placement, child care, and transitional child care and Medicaid benefits). JOBS required the provision of basic education for those who had not completed high school or the equivalent, or who lacked basic skills. Teen parents were required to participate in such educational activities. Beyond the provision of education for these groups, JOBS gave substantial discretion to states in the use of job training, job search, work apprenticeship, and wage subsidy programs.

PRWORA within This Historical Context

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 shows both continuity with earlier legislation and major departures from it (see Table 1, p. 5, for a brief summary of PRWORA's major provisions and Table 2, p. 6, for a list of websites with more details). In a number of instances, the new legislation reflects earlier concerns, but addresses them in new and often more intensive ways.

For example, we have noted that the WIN Program and the Family Support Act both reflected growing recognition of the increasing number of nonpoor mothers who were employed. However, rather than requiring participation in a range of self-sufficiency activities, as WIN and the Family Support Act did, the new legislation requires employment and sanctions recipients who do not work. In particular, the new law requires that recipients of public assistance be working within 24 months after commencing receipt of assistance. States have the option to require that work or work activities begin immediately upon receipt of assistance. No family is exempt unless the state chooses to exempt the family. States are free to terminate all cash assistance for noncompliance. States must meet work participation rates (e.g., that 50% of one-adult and 90% of two-parent caseloads be engaged in work or work activities by 2002), but these rates can be reduced if caseloads are reduced.

Education and training activities that were permissible under the Family Support Act count only to a limited extent or do not count in fulfilling PRWORA's requirements. Note that single recipients under age 18 are required to attend school if they have not received a high school diploma. Teen parents or recipients under age 20 who attend school are counted toward a state's work participation rate. However, no more than 20% of the caseload counting toward the rate can be participating in school or vocational education. PRWORA requires work activities for parents with infants and toddlers,

Table 1

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996: Major Provisions

Provisions	Details of the Legislation
Eliminate individual/family entitlement to assistance.	States receive the Temporary Assistance for Needy Families Block Grant (TANF); the dollar amount is based on their previous expenditures on AFDC, EA, and JOBS.
Create block grant funding for state programs.	
Establish time limits on welfare receipt.	TANF dollars can't be used to provide assistance after 60 months.
	State funds can be used to provide assistance after 60 months.
	20% of the state's cases can be exempted from the time limit.
Establish work requirements.	Adult recipients are required to work after receiving assistance for 24 months (or less, at state option).
	By 2002, 50% of families receiving assistance must be working.
	Failure to meet work requirements can result in sanctions.
	States can't reduce benefits for parents whose failure to work is based on lack of child care.
Strengthen paternity establishment requirements.	Family grants can be reduced for failure to establish paternity.
	States must establish paternity for 90% of nonmarital births.
Strengthen child support enforcement programs.	Ease of voluntary paternity establishment is increased.
	States can require the parents of a noncustodial minor parent to pay child support if custodial parent is receiving TANF.
	Interstate enforcement procedures are strengthened.
	States are allowed to seize other forms of income (e.g., lottery winnings) to meet support orders.
	State and National Directories of New Hires are created to help quickly track down seasonal and transitional workers with support orders.
	States must have procedures to withhold, suspend, or restrict licenses for those owing child support.
Provide monetary incentives to states to reduce nonmarital births.	States which reduce nonmarital births without increasing the abortion rate will receive monetary bonuses.
	States may institute family caps, i.e., deny benefits for additional children born, while parent receives assistance.
Require teen parents to attend school.	Teen parents must attend school and live under adult supervision.
	$50 million will be allocated to states to provide abstinence education.
Require teen parents to live with parents or other adults.	
Change eligibility guidelines for Supplemental Security Income.	A new definition of disability separates qualifications of children and adults.
	New guidelines eliminate the Individual Functional Assessment and establish a new definition of disability as conditions which cause "marked and severe functional limitations"; guidelines remove the reference to "maladaptive behavior" in the criteria for determining disability.
	Children with learning disabilities and behavioral disorders are likely to be most affected by the new definition.
Change child care funding.	Four child care assistance programs for low-income families—AFDC Child Care Program, Transitional Child Care Program, At-Risk Child Care, and the Child Care and Development Block Grant—are combined into a single block grant: the Child Care and Development Fund.
	The level of federal child care funds a state can receive is capped; states can provide their own funding to maximize the level of federal funds available.
	States are no longer required to pay market rates for child care.
Change eligibility guidelines for legal noncitizen.	Legal noncitizens who are elderly, disabled, under 18 (if they were in the country in August, 1996), and certain Hmong and Highland Laotians, can receive Food Stamps. All other legal noncitizens are barred from receiving Food Stamps.
	States can decide whether to provide federal cash assistance to current legal non-citizens; newly arriving immigrants are barred from means-tested, federally funded public assistance.

Table 2

Internet Resources for Learning about PRWORA and Related Issues

Site	Site Description	Internet Address
The Welfare Information Network	Clearinghouse for Information, Policy Analysis and Technical Assistance on Welfare Reform	http://www.welfareinfo.org
National Center for Children in Poverty/ Columbia School of Public Health	Research Forum on Children, Families, and the New Federalism	http://www.researchforum.org (Please note that a series of Issue Briefs on Children and Welfare Reform can be requested directly from the National Center for Children in Poverty.)
American Public Welfare Association	Welfare Reform Pages	http://www.apwa.org
National Governors' Association	Welfare Reform Information Pages	http://www.nga.org/CBP/Activities/WelfareReform.asp
Administration of Children and Families	Welfare Reform Resource Pages	http://www.acf.dhhs.gov/news/welfare/wr/wr.htm
Office of the Assistant Secretary for Planning and Evaluation	Economic Support for Families	http://aspe.os.dhhs.gov/hsp/isphome.htm
Urban Institute/Child Trends	Assessing the New Federalism	http://newfederalism.urban.org
University of Wisconsin	Institute for Research on Poverty	http://www.ssc.wisc.edu/irp
Northwestern University/University of Chicago	Joint Center for Poverty Research	http://www.spc.uchicago.edu/PovertyCenter
Child Trends	Current Research Projects	http://www.childtrends.org
National Research Council	Board on Children, Youth, and Families	http://www2.nas.edu/bocyf

though states may exempt parents of infants under 12 months of age. Under most circumstances, states may terminate assistance for failure to comply with work requirements. However, assistance to single parents of a child under age 6 may not be reduced or terminated if the mother proves she cannot comply because child care is unavailable.

The new legislation also continues to reflect concerns over growth in welfare roles and long-term welfare receipt. In a fundamental change from earlier legislation, under the new law, receipt of public assistance is no longer an entitlement, that is, a benefit that individuals are assured as long as they meet eligibility requirements. The new legislation dissolved the federal entitlement program (Aid to Families with Dependent Children), Emergency Assistance (EA), and the Job Opportunities and Basic Skills Training (JOBS) Program, and created a single capped block grant for states (based on prior state welfare spending) called "Temporary Assistance for Needy Families" (TANF). PRWORA allows states flexibility in designing and implementing new programs within the parameters of the law. For example, while states had only limited options to change eligibility guidelines or reduce cash benefits under the previous legislation (except through the waiver process), PRWORA's flexibility allows states to reduce or even eliminate the cash component of their benefits package for specific groups. States are required, however, to spend state funds for low-income assistance at a level no lower than 80% (or 75% if the state meets TANF participation rates) of a historic spending level (i.e., "maintenance of effort"), based on 1994 spending for a set of federal programs.

The law explicitly addresses earlier concerns about long-term welfare receipt through the establishment of time limits. The time limit bars a state from using federal TANF funds to

provide assistance to a family that includes an adult who has received federal TANF assistance for at least 60 months. A state may allow exceptions for up to 20% of its cases. At the same time, states are free to enforce even stricter time limits on benefits or to provide extensions, with state funds, for families that reach the time limit. Some states, for example, will continue providing benefits for children but discontinue benefits for adults once time limits are reached.

The new legislation clearly reflects a concern, again one that has shaped earlier legislation, about the financial responsibility of noncustodial parents for their children. PRWORA places considerable importance, for example, on paternity establishment, mandating that states establish paternity for 90% of all births to unmarried women and that states expand the voluntary paternity acknowledgment process. In addition, provisions to secure child support have been strengthened. States are required to maintain and contribute to two central directories, the Federal Case Registry and the National Directory of New Hires, which will increase inter-state monitoring of delinquent noncustodial parents. States are also required to develop or strengthen existing enforcement techniques, including license revocation and wage garnishment, to increase child support collections.

Nonmarital and teen childbearing are also explicitly addressed in the new legislation. States must require, for example, that (with limited exceptions) single mothers under age 18 live with a parent or under adult supervision and that they remain in school to receive benefits. Up to five states will also receive monetary bonuses for reducing nonmarital births without simultaneously increasing the abortion rate.[1] In addition, at state option, benefits may be denied for additional children born while the family is receiving assistance; currently 20 states and Puerto Rico have opted to institute these "family caps" (National Governors' Association, 1997).

PRWORA represents a clear departure from the earlier emphasis on provision of opportunities for education as a means of enhancing employability. The requirement that most TANF recipients work after 24 months of receiving cash assistance, combined with time limits on the receipt of cash assistance and rules about caseload participation levels, exerts strong pressure on current programs to encourage parents' rapid entry into jobs. Whereas the JOBS Program required states to include adult education and vocational training in their mix of mandated activities, TANF restricts education and training opportunities. While the new welfare-to-work grants provided under the Balanced Budget Act target individuals who lack a high school diploma and basic math and reading skills, basic education is not included in the activities supported (Greenberg & Savner, 1997).

The current legislation's focus on a rapid transition to employment rather than education or training suggests that there will be fewer opportunities to coordinate education and training services to parents with early childhood education services. Under the Family Support Act, some states and counties began to implement JOBS Programs in ways that combined adult education and vocational training with child development services. Denver's JOBS Program, for example, established services in community agencies that offered family support and child development programs. Similarly, Kentucky facilitated the coordination of JOBS Programs with family-focused services (Smith, Blank, & Collins, 1992). In addition, programs like the Even Start Family Literacy Program and the Comprehensive Child Development Program, whose authorizing legislation was passed in the same year as the Family Support Act, in many cases coordinated their services with JOBS. The Comprehensive Child Development Program and Even Start are "two-generation" programs that combine supports to increase parents' employability with services designed to promote children's development (Smith, 1995). JOBS funding could support some of the adult educational and employment readiness services of these programs. Thus, the employment empha-

sis of the new legislation may affect not only activities of adults, but also reduce the coordination between programs for adults and children in families receiving public assistance.

It is important to note that Congress has considered and will likely continue to consider legislation that would modify some of the provisions of PRWORA. Thus, for example, recent legislation restores Food Stamp benefits to some legal noncitizens (primarily to those who are under 18, elderly, or disabled and who were in the country when PRWORA was passed in August, 1996). Such legislation assures us that the debate over who should receive public assistance, under what circumstances, and for what purposes, is ongoing.

Two Bodies of Research with Implications for PRWORA's Possible Effects on Children

We turn now to consideration of existing research findings and the guidance they provide in anticipating the possible effects of PRWORA on children. We will discuss findings from two research traditions: (1) evaluation research on welfare-to-work programs with components focusing on children and (2) basic research on children and families with relevance to specific PRWORA provisions.

Evaluation Research on Welfare-to-Work Programs with a Focus on Children

Although there is an extensive body of research on the economic impacts of varying welfare-to- work programs (see, for example, Friedlander & Burtless, 1995; Gueron & Pauly, 1991), it is only in recent years that evaluations of welfare-to-work programs have explicitly focused on children. To date, three evaluations of differing welfare-to-work programs have examined program impacts on children as well as adults:

(1) the Child Outcomes Study of the National Evaluation of Welfare-to-Work Strategies (NEWWS), an evaluation of programs implemented under JOBS;

(2) the New Chance Demonstration; and

(3) the Teenage Parent Demonstration.

Because these studies serve as precedents to the new research focusing on PRWORA and children, we begin by summarizing features of their designs that have helped make them informative. We then report the findings that can assist us in formulating hypotheses for how PRWORA will affect children. As already noted, this earlier generation of welfare-to-work programs differed in important ways from programs being implemented under PRWORA. Accordingly, we focus on the broad conclusions regarding how such programs can affect families and children, more than on the specific results.

Designs of the three evaluations

The Child Outcomes Study of the National Evaluation of Welfare-to-Work Strategies. The Child Outcomes Study is embedded within the National Evaluation of Welfare-to-work Strategies. It is following the development of a sample of children who were preschoolers when their mothers enrolled in the national evaluation of programs implemented under JOBS (Job Opportunities and Basic Skills Training Program). Whereas the larger evaluation is examining the economic impacts—for example, through assessments of employment, earnings, total family income, and receipt of welfare for a sample of about 50,000 families in seven research sites (see Freedman & Friedlander, 1995; Hamilton, Brock, Farrell, Friedlander, & Harknett, 1997), the Child Outcomes Study is focusing on approximately 3,000 children in three of the study sites: Atlanta, Georgia; Grand Rapids, Michigan; and Riverside, California. Random assignment of the participants in the Child

Outcomes Study took place between 1991 and 1994. Data analyses of child impacts are currently in progress for the two-year follow-up; the five-year follow-up data are currently being collected, with data collection to be completed in 1999.

As we have noted, JOBS was implemented nationally in response to the last round of welfare legislation, the Family Support Act of 1988. This legislation required recipients of public assistance (who were not exempted), to participate in activities to enhance economic self-sufficiency. It also provided child care subsidies and Medicaid benefits during JOBS participation and for a year following a transition from welfare to employment. Program participation was mandatory, and nonparticipation could (and as Hamilton et al., 1997, have documented, for a proportion of families, did) result in sanctioning or a reduction in welfare benefits.

An important feature of the ongoing Child Outcomes Study is that mothers were randomly assigned—to one of two experimental groups or to a control group. This structure makes it possible to contrast the impacts on both adults and children of two program approaches: (1) a *labor force attachment* approach that stressed activities like job search to hasten a transition to employment and (2) a *human capital development* approach that stressed initial investments in basic education and job skills training prior to the transition to employment. Control-group members were eligible for all AFDC benefits, but were not required to participate in educational or employment activities through the JOBS programs. Accordingly, they did not develop an individual plan with a case manager to pursue activities appropriate to the human capital development or labor force attachment program approaches, nor did they meet with a case manager to monitor progress on such a tailored plan; and they were not sanctioned for nonparticipation in JOBS Program activities. Control-group members were, however, free to seek out similar activities in their communities at their own initiative.

Program impacts on children are assessed in three domains: behavioral development and emotional adjustment; cognitive development, academic progress, and achievement; and physical health and safety. Measures of the children's development are collected during in-home interviews 2 and 5 years after random assignment. During these interviews, children receive direct assessments of their cognitive development, mothers report on their children's development, and interviewers provide ratings of the home environment. At the time of the final follow-up, the children's teachers will also be surveyed about the children's school progress and adaptation.

In the Atlanta site, a further study, the Descriptive Study, was carried out to describe the family context and children's developmental status soon after the start of the evaluation (Moore, Zaslow, Coiro, Miller, & Magenheim, 1995). An additional observational study of mother-child interaction is also being carried out in Atlanta approximately 4-6 months and then again 4½ years after baseline with a subset of families from the human capital development and control groups (Zaslow, Dion, & Morrison, 1997; Zaslow, Dion, & Sargent, 1998).

The New Chance Demonstration. The New Chance Demonstration (see Quint, Fink, & Rowser, 1991; Quint, Polit, Bos, & Cave, 1994; Quint, Bos, & Polit, 1997)-focused on an important and particularly disadvantaged segment of the welfare population: young mothers who had given birth as teenagers and who had already dropped out of school. New Chance was a comprehensive program that sought not only to assist these young mothers toward economic self-sufficiency, but also to limit their subsequent fertility and enhance their parenting behavior and life skills. In the evaluation, young mothers who volunteered to participate in New Chance in 16 demonstration sites across the country were randomly assigned to participate in a program group, with access to New Chance services, or to a control group, with access to services in their communities but not to New

Chance services. The random assignment of participants within this evaluation took place between 1989 and 1991. It is important to note that the evaluation did not contrast the program's services with an *absence* of services in the control group; rather, New Chance service impacts were compared to those obtained by control group mothers at their own initiative within their communities.

The comprehensive services of the New Chance Program proceeded in two phases. Phase 1 emphasized completion of the GED and also provided program components aimed at the personal development of the mothers, including life skills training, health education classes and services, family planning, individual counseling in the context of case management, and parenting education classes. Phase 2 focused on helping the mothers obtain jobs with the possibility of advancement. The young children of the mothers in the program group had access to child care for as long as the mothers participated actively in the program. Such care was offered at on-site child care centers in most sites. Mothers and children also had access to health care services. The program called for up to 18 months of participation in the New Chance Program, with follow-up by case managers available for a further year. The evaluation found that while experimental-group mothers had clearly participated in educational, employment-related, and other services (e.g., parenting classes, family planning classes) more than control-group mothers, participation by experimental-group mothers fell below expected levels. This reflected both absenteeism and early termination of program participation by some mothers. The average duration of program participation was 6.4 months.

The evaluation of the New Chance Program involved a sample of over 2,000 families, with follow-ups completed 18 months and 42 months after random assignment. Focal children in the child outcomes component of the study ranged in age from birth to 6½ years at baseline; 3½ years to 10 years at the final follow-up. The final follow-up included maternal report measures of the children's health and social and behavioral development, as well as direct assessment of the children's cognitive development and a teacher questionnaire for those children already in a classroom setting (including early childhood programs). Results from both the interim and final follow-ups within this evaluation have been published (Quint, Bos, & Polit, 1997; Quint, Polit, Bos, & Cave, 1994). An observational study of mother-child interaction was carried out soon after the interim follow-up of the full evaluation in seven of the study sites with a subset of families who had a child aged 30 to 60 months. Results of the observational study have just been released (Zaslow & Eldred, 1998)].

The Teenage Parent Demonstration. The Teenage Parent Demonstration (see Kisker, Rangarajan, & Boller, 1998; Kisker & Silverberg, 1991; Maynard, 1993; Maynard, Nicholson, & Rangarajan, 1993) was carried out between 1987 and 1991 in two New Jersey sites (Camden and Newark) and in a section of Chicago. During this period, the demonstration sought to enroll all teenage mothers in the demonstration sites who were receiving AFDC for the first time and who had only one child. The sample for the evaluation of the Teenage Parent Demonstration was over 5,000 families; more intensive interviews and focus groups were conducted with selected subsamples.

As in the JOBS and New Chance Evaluations, mothers were randomly assigned within the evaluation of the Teenage Parent Demonstration. Those assigned to the control group had regular AFDC services. Those assigned to the program ("enhanced services") group were subject to mandatory participation requirements (30 hours per week in education, training, or employment-related activities) and received support services to enable them to meet the requirements. Mothers who failed to meet the participation requirements were warned and eventually faced reductions in their welfare grants (on average, $160 per month) until they com-

plied. Mothers in the demonstration programs were assigned to case managers, who worked with them to develop individualized self-sufficiency plans and find appropriate activities; to arrange needed support services, including child care and transportation; and to help them deal with problems that arose. Mothers in the demonstration programs also participated in a series of workshops (with length of time varying by site) that focused on parenting and life skills.

The samples for the Teenage Parent Demonstration and the New Chance Demonstration differ in a number of important ways. First, the sample for the Teenage Parent Demonstration is about evenly split among mothers who were still in school at the time of program enrollment, mothers who had graduated from high school, and mothers who had dropped out of school (Granger & Cytron, 1997). This contrasts with the sample for the New Chance Demonstration, in which all of the mothers had dropped out of school. Further, whereas mothers volunteered for the New Chance Program, participation in the Teenage Parent Demonstration was mandatory. Finally, the Teenage Parent Demonstration sought to include *all* eligible mothers in the study sites, whereas the New Chance Demonstration enrolled mothers who volunteered for the program.

The report on the final follow-up of the Teenage Parent Demonstration (completed approximately 6½ years after baseline) has just been released (Kisker, Rangarajan, & Boller, 1998). This evaluation too had an embedded observational study of mother-child interaction (Aber, Brooks-Gunn, & Maynard, 1995). The observational study was carried out in the Newark site with families who had children aged 3 to 5.

Shared methodological features of the embedded child outcome studies. These three evaluation studies not only examine whether welfare-to-work programs affect children's development, but *how* children come to be affected by such programs. That is, each of these studies makes a distinction between *child impacts* (i.e., program effects on children's development and well-being), and the possible *mediators* of such impacts (i.e., the mechanisms or pathways by which child impacts come about).

This set of evaluation studies also reflects an awareness that impacts on children may vary for families with differing background characteristics. Each evaluation collected a range of information on the characteristics of the families at baseline, just prior to random assignment. These baseline data permit us to consider the impacts not just overall, but for subgroups as well. One can ask, for example, whether child outcomes differ when mothers have high versus low initial scores on a measure of literacy or more or fewer initial symptoms of depression. As we will note, findings at the subgroup level can have extremely important implications for policy.

In the section on new studies (p. 25), we note that evaluation studies are one fruitful approach in a range of complementary research approaches for studying PRWORA and children. Studies of PRWORA and children taking this approach should build upon the design features of this earlier set of evaluation studies, where possible, through

- assigning families to program and control groups randomly;
- documenting baseline characteristics, to allow for subgroup analysis;
- including measures of possible mediators of child impacts and examining not just whether child impacts occur, but how they come about;
- measuring multiple domains of child development, i.e., cognitive, socio-behavioral, and health.

We next consider broad findings from the evaluation studies and their implications in the present policy context. The findings on adults and families (the possible mediators of child impacts) and findings on children will be discussed separately.

Program impacts on adults and families

Economic impacts on families vary across the programs. This difference in findings appears to reflect a combination of program features *and* the populations targeted.

Economic self-sufficiency was explicitly targeted within each of the three welfare-to-work programs considered here, and thus program impacts on maternal educational attainment, employment, earnings, income, and welfare receipt are appropriately a primary focus in each evaluation. Impacts on these factors are of potential importance for children because previous research has linked measures of socioeconomic status (e.g., maternal education, family income) with child outcomes and because poverty (particularly poverty during childhood) is associated with less favorable outcomes for children (e.g., Brooks-Gunn & Duncan, 1997; Duncan & Brooks-Gunn, 1997; Duncan, Brooks-Gunn & Klebanov, 1994; Zill et al., 1995). A recent study by Moore and colleagues (Moore, Driscoll, Glei, & Zaslow, 1998) suggests that when the economic status of welfare families improves, child outcomes also improve over time. The authors leave open the question, however, of how substantial the improvement in economic circumstances needs to be before child outcomes improve. A central question for future studies of welfare-to-work programs and welfare policies is whether changes in economic status need to be of a certain magnitude before they bring about changes in child outcomes.

A recent report on the National Evaluation of Welfare-to-Work Strategies, assessing impacts of JOBS programs two years after random assignment, provides clear evidence that the economic status of both experimental groups (labor attachment and human capital development) was affected by the programs in all three study sites in which the Child Outcomes Study is being conducted, i.e., Atlanta, Grand Rapids, and Riverside (Hamilton et al., 1997). The labor force attachment and human capital development groups are expected to experience differing "time lines" for economic impacts, with the human capital development group taking longer to see changes in employment, earnings, and welfare receipt. At the two-year follow-up, both experimental groups showed increases in cumulative employment and earnings, although, as expected, the labor force attachment groups showed a stronger pattern. Welfare expenditures for both experimental groups were also significantly smaller, and fewer families had been on welfare continuously during the two years prior to assessment. In two of the study sites (Grand Rapids and Riverside), mothers in the human capital development group were more likely than those in the control group to have completed high school or obtained a GED since entering the program. Further, the impact on earnings and welfare receipt held for experimental group mothers whose children were preschoolers, as well as for those with school-age children, suggesting that having a preschooler did not impede program participation.

The Teenage Parent Demonstration provides some evidence that mandatory employment-oriented programs for welfare recipients can improve economic outcomes. Yet the findings suggest that for such impacts to be sustained for young single mothers, "longer-term activity requirements and support services may be necessary" (Kisker et al., 1998, p. 22). While the Teenage Parent Demonstration programs were operating, they increased mothers' participation in education, training, and employment, and they increased earnings and reduced welfare receipt (though they did not reduce poverty levels). These impacts faded, however, after the programs ended, and mothers returned to the regular welfare system. At the time of the final follow-up study, approximately 6½ years after random assignment, the control groups were largely comparable on measures of employment, earnings, degree attainment, and welfare receipt (Kisker et al., 1998).

The New Chance Program had effects on educational attainment, but not employment, earnings, or welfare receipt. In keeping with the program's emphasis on adult basic education, a

higher proportion of experimental-group mothers, compared with controls, had completed the GED. In addition, a higher proportion of experimental-group mothers had completed some college credit. Yet at the same time, a smaller proportion of experimental-group mothers had completed high school, and in addition, no program impact was found on an assessment of educational achievement (a test assessing vocabulary and comprehension of written material). At the time of the final follow-up, no group differences were found in the proportion of mothers employed full time or employed at all, or in hourly wages or earnings. The program did not affect the proportion of mothers leaving AFDC nor, in the last period of the evaluation, the proportions reporting ever having received AFDC. The only positive program impact was on the proportion of mothers who reported combining welfare and work during the follow-up period.

Each of the three evaluations completed to date documents that the increased participation of mothers in the experimental groups in educational, employment, or other program activities was associated with changes in young children's child care experiences. In the Descriptive Study of the NEWWS Child Outcomes Study, it was noted that significant increases in child care use occurred within only a few months of baseline. Use of both formal (e.g., center care) and informal care (e.g., babysitters) increased, but the increase in use of formal care was more marked (Moore et al., 1995). Similarly, the Teenage Parent Demonstration significantly increased child care use, particularly of center-based child care relative to other types of care (Kisker & Silverberg, 1991). In New Chance, center-based child care was available on-site in many of the research sites, and use of child care, especially center-based care, was found to increase. The increase was temporary, however, occurring especially during the first phase of program participation (Quint et al., 1994, 1997).

This set of studies also provides findings pertaining to the quality of child care. A special study of the quality of care in selected on-site child care centers in New Chance, for example, found the care to fall just below a rating of "good" on a widely used observational measure of quality in center classrooms (Fink, 1995). New Chance findings also indicate that children in the experimental group tended to enter but then also exit child care during the initial period of program follow-up, in keeping with the pattern of mothers' program participation. That is, the program affected the continuity of children's child care experiences (see discussion in Quint et al., 1997). Maternal reports of group size and ratio in the Descriptive Study of the NEWWS Child Outcomes Study indicated that among families using formal child care, only about one third were in settings that met the recommendations for group size and ratio noted in the Federal Interagency Day Care Requirements (FIDCR [Moore et al.,1995]).[2] Below, we note that child care has been examined as a mediator of program impacts on children in the New Chance Evaluation.

In summary, findings to date on economic impacts differ in light of the combination of program features and population targeted. Impacts have been found particularly for programs that combine requirements and services, and evidence suggests that impacts are more difficult to bring about for the group of young mothers receiving welfare (see also Research Forum on Children, Families, and the New Federalism, 1998). Programs evaluated to date confirm that children's experiences of nonmaternal care are affected by maternal participation in educational and employment-related activities as part of welfare-to-work programs.

PRWORA is being implemented in programs that differ on key features across states (e.g., timing of work requirement, specifics of time limits and sanctions, earned income disregard). It will be important to ask whether economic impacts vary in light of these program variations and the populations they serve, as well as to examine how patterns of child care use vary within differing programs and contexts.

Program impacts on families can go beyond economic outcomes. The three programs consid-

ered here differed in their breadth of focus. While JOBS focused fairly narrowly on bringing about change in family economic self-sufficiency, New Chance was a comprehensive program that sought to bring about changes in multiple aspects of young mothers' lives; it also explicitly targeted the development of the young children of sample mothers (i.e., it was a two-generation program). The Teenage Parent Demonstration is more similar to JOBS. Its primary emphasis was on fostering economic progress in young mothers, though workshops at the beginning of the program focused on life skills and parenting behavior.

It is not surprising to find that a comprehensive program like New Chance had impacts beyond economic factors, though it is surprising that the direction of some of the noneconomic impacts went counter to predictions. In anticipating the potential effects of PRWORA on families and children, however, it is important to note that in the NEWWS Child Outcomes Study, some program impacts have been documented (particularly in parenting behavior) that go beyond economic outcomes. The magnitude of these findings should not be overstated. Impacts on parenting behavior were small, and also diminished over time. Nevertheless, these findings raise the possibility that even in programs that narrowly target economic outcomes (like PRWORA), impacts on other aspects of family life are possible.

In New Chance, a set of unexpected program impacts occurred in the domain of maternal psychological well-being. Even though symptoms of depression for both experimental- and control-group mothers declined over the months of the study, the final follow-up found that mothers in the experimental group had significantly higher scores on the measure of depression than mothers in the control group. Experimental-group mothers were also more likely to report feeling stressed all or much of the time in the past month, had higher mean scores on a measure of parenting stress, and reported being less satisfied with their standard of living. The researchers of the New Chance Evaluation hypothesize that the program impacts on maternal psychological well-being and the lack of favorable program impacts on economic outcomes may be linked. That is, mothers in the experimental group may have experienced "dashed hopes": the program may have raised expectations for improved economic circumstances that in the end were not fulfilled (Quint et al., 1997).

In the observational study embedded within the NEWWS Child Outcomes Study, parenting behavior has been tracked over the first half year of program participation for a subsample of families from the larger study, at approximately 3 and then 5 months after random assignment. (This assessment will continue over time to examine longer-term program impacts on parenting behavior.) Findings to date indicate an initial adaptation to JOBS that involves relative disengagement from parenting: approximately 3 months after baseline, families in the experimental group[3] had significantly lower scores on a measure of the emotional support and cognitive stimulation available to the young child in the home environment, lower scores on a measure of warmth in the mother-child relationship, and lower scores on a measure of joint mother-child activities. By five months after baseline, however, only a small difference on a measure of engagement in joint activities was documented (Zaslow, Dion, & Morrison, 1997; Zaslow, Dion, & Sargent, 1998). Differences in parenting 3 months after baseline coincided with the period during which the largest number of experimental group mothers were making the transition into participation in an educational or work activity.

The pattern of disengagement during this initial period of the program occurred among both those families who were making the transition to program participation and those families who never participated during the follow-up period. This suggests that two processes, not one, may be involved: adapting to new roles and responsibilities may bring about changes in

mothers' parenting behavior, but also parenting may be affected when families resist, or have difficulty fulfilling, program requirements.

The differences found in parenting behavior during the first months of JOBS were small and, for the most part, short-lived. It will be important to determine whether program effects on parenting occur in the context of new programs that involve more intensive work requirements, sanctions, and time limits, and also whether such impacts (if they do occur) are limited to an initial adaptation stage or are sustained during and beyond the program.

Interestingly, the embedded observational studies in the New Chance and Teenage Parent Demonstration have yielded contrasting findings on parenting behavior, suggesting again the importance of taking into account the specific features of welfare-to-work programs and the population targeted. In the New Chance Observational study, in contrast to the JOBS Observational Study, program impacts, though small to moderate, were in a favorable direction. About 21 months after random assignment, mothers in the New Chance experimental group reported greater warmth and emotional support toward children (Morrison, Zaslow, & Dion, 1998), were observed to use fewer harsh behaviors with their children (Weinfield, Egeland, & Ogawa, 1998), improved the quality of their book reading to their children (De Temple & Snow, 1998), and spent more time on parenting activities (Morrison et al., 1998). As we will note below, however, the favorable impacts on parenting appear to have been sustained over time only for specific subgroups (Quint et al., 1997). The New Chance findings of favorable program impacts on parenting are in accord with the emphasis the program placed on improving the young mothers' functioning in multiple domains, and the inclusion of a parenting education component during Phase 1 of its program. It is interesting and important to note that positive parenting impacts occurred in this sample of young welfare mothers, while in other domains, notably the economic area, it proved difficult to bring about improvements.

Finally, no program impacts on parenting behavior were documented in the observational study embedded within the Teenage Parent Demonstration (Aber et al., 1995). In the full evaluation, however, at the time of the final follow-up, a small but statistically significant program impact on the stimulation and support available in the home environment was found in one of the three study sites. In the Newark site, mothers in the enhanced services group provided a slightly less stimulating home environment for their children. This finding is similar to that of the JOBS Observational Study but also suggests that impacts on parenting can occur a period of years after enrollment. Yet as with JOBS, the effect was small.

Previous research has underscored the importance of both maternal psychological well-being and parenting behavior to children's development. The studies described here that have focused specifically on children in welfare families (e.g., Coiro, 1997; Downey & Coyne, 1990; McGroder, 1997) suggest that evaluations of PRWORA will need to be alert to the possibility that impacts may extend beyond family economic self-sufficiency.

Program impacts on adults and families vary for families with different background characteristics. Results to date from studies of welfare-to-work programs indicate the importance of taking into account the heterogeneity of welfare families. Risk factors, as well as strengths and protective factors, vary within welfare samples, and these, in turn, relate to children's development (Moore et al., 1995). Moreover, both adult economic and noneconomic outcomes vary by family characteristics.

Regarding economic impacts, for example, Granger and colleagues have repeatedly stressed the critical differences even within the group of welfare mothers who are still in or just beyond adolescence (Granger 1994; Granger & Cytron, 1997). Teenage mothers who have already dropped out of school tend to differ from those still in school or who have graduated from high

school. A careful review of the economic impacts of three programs for teenage welfare mothers (New Chance, Teenage Parent Demonstration and Ohio's Learning, Earning, and Parenting Program, LEAP) notes positive program impacts on employment and/or earnings *only* for the subgroups of young mothers who were enrolled in school or who had graduated (Granger & Cytron, 1997).

Another instance of subgroup differences comes from findings on parenting behavior in light of maternal depression in the New Chance Evaluation. The final follow-up found no positive program impacts on parenting behavior for the sample as a whole, a disappointing finding given results pointing to positive effects on parenting at the time of the interim follow-up. But when differences in initial levels of maternal depression were taken into account, mothers with lower levels of depressive symptomatology at baseline were found to be providing greater cognitive stimulation and emotional support in the home environment at the final follow-up. That is, positive impacts on parenting endured, but only for the subgroup that had less maternal depression at baseline.

From these findings, we anticipate that programs implemented under PRWORA will have different impacts on adult and family outcomes of importance to children, according to different family background characteristics.

Impacts on children and how they come about

Two evaluations report neutral to slightly negative results. Only two of the three evaluations, i.e., New Chance and the Teenage Parent Demonstration, have thus far reported on assessments of children's well-being and development. For many of the child outcome measures program impacts did not emerge. However, where effects were found, they were unfavorable. It is important to stress that these impacts were small and limited to just a few measures. Findings from the two- and five-year follow-ups of the NEWWS Child Outcomes Study will provide an important counterpoint to these results, particularly given JOBS's more favorable economic results.

Results of the final follow-up in the New Chance Evaluation (Quint et al., 1997) indicate that mothers in the experimental group rated their children's development less favorably than did mothers in the control group. They reported more behavior problems and less positive social behavior. Although mothers in the experimental group did not rate their children's overall health less favorably, a higher proportion of them, compared to control-group mothers, indicated that their children had had an injury, poisoning, or accident requiring medical attention. Experimental-group mothers of those children already in school or in an education-oriented preschool rated their children's academic progress less favorably than control mothers, and also indicated that they had been notified more often by the school of a behavior problem.

We note that these program impacts were all small. In addition, these unfavorable child impacts in New Chance came primarily from maternal report measures. Teacher ratings, in contrast, did not reveal a pattern, overall, of differing social behavior on measures of how children got along with students or teachers or on self-esteem, motivation, overall adjustment, or academic progress. Further, no overall difference between experimental and control children was found in direct assessments of the children's school readiness.

The overall conclusion of the Teenage Parent Demonstration is that the program had little effect on the children. Those impacts that did occur were quite small and tended to be limited to one of the three study sites—Newark. Children in the experimental (enhanced services) group in this site had slightly, though significantly, lower scores on assessments of reading and math and on one measure of expressiveness which assessed children's ability to communicate their feelings with others.

Again, we must await findings from the NEWWS Child Outcomes Study. It is possible

that favorable impacts will be found in the context of a program with stronger positive economic effects. But findings thus far are sobering. Evaluations of PRWORA will have to consider a range of impacts on children, from favorable to neutral to unfavorable.

Child impact findings differ for children from families with differing background characteristics. Just as adult outcomes have been found to differ by subgroup, child impacts have also been found to vary for key subgroups. This is well illustrated by findings from the New Chance Evaluation (Quint et al., 1997). The unfavorable impact on child behavior problems occurred only for specific, higher-risk families, that is, for those in which the mother was at high risk of depression at baseline and those with a greater number of risk factors at baseline. Families in which the mother had low or moderate risk of depression or a low or moderate total number of risk factors at baseline did not show the effect on reported behavioral problems. An unfavorable program impact on school readiness was also found for those children whose mothers were at higher risk of depression at baseline.

Analyses point to child care participation and maternal depression as explanatory factors. Thus far only the New Chance Evaluation has explored the bases of child impact findings. Evaluators of New Chance (Quint et al., 1997) note previous research suggesting that whereas child care of high quality and stability is associated with positive child outcomes, child care can also have negative implications for children's development. Although findings are not entirely consistent, some results point to negative sequelae for children in low-income families when child care is initiated in the first year of life at frequency greater than part-time, when the care is unstable, and when the mother-child relationship is weak. The New Chance Evaluation found significant increases in the use of child care for children under age 1 and greater instability of care in that children in the program entered into and also exited child care more than control group children. The overall quality of parenting behavior was also implicated (Zaslow & Eldred, 1998).

Analyses indicated that length of time in child care and entry into a new child care arrangement during the initial follow-up period of the program helped explain the unfavorable program impact on child behavior problems, as assessed by maternal report. The researchers also investigated child care effects by level of mothers' initial risk for depression. Findings indicated that "day care use did not have an adverse effect on children's behavior among children whose mothers had low or moderate depression scores at baseline. Among mothers who were at high risk of depression, however, each month the child spent in a day care center added an additional point to the [Behavior Problems Index] score" (Quint et al., 1997, p. 279).

We are only beginning to understand how welfare-to-work programs come to affect children. Further analyses of the New Chance Evaluation are examining the relationship of child care participation to additional child outcomes (Bos & Granger, 1998) and observed mother-child interaction (Weinfield & Ogawa, personal communication, 1998). The report on the two-year follow-up of the NEWWS Child Outcomes Study will also include consideration of mediating variables.

Findings to date suggest the presence of multiple mediators of program impacts on children and, further, that their action may differ for different subgroups. In programs that have multiple effects on family variables of importance to children, perhaps in differing directions (e.g., there may be favorable impacts on earnings but unfavorable impacts on maternal psychological well-being or parenting behavior), it will be important to consider how mediating variables function together to contribute to child impacts. Effects on children may reflect the net of multiple, perhaps counterbalancing, influences of programs on the family.

Summary: Implications of evaluations of welfare-to-work programs with a focus on children

As we move toward understanding PRWORA's effects on children, we need to keep in mind findings from the earlier generation of welfare-to-work programs, especially that:

- Multiple aspects of family life can be affected.
- Child impacts will likely reflect the net of positive and negative influences on the family.
- Subgroups of children may be affected differentially.
- Specific features of programs (and how they fit with the population served) will be important.
- We should consider and examine the possibility of child impacts ranging from negative to neutral to positive.

Basic Research on Children and Families Relevant to Specific PRWORA Provisions

We turn now to a second body of research: basic research on children and families with relevance to specific PRWORA provisions (see Table 1 for a brief overview of provisions of the legislation and Table 2 for a list of websites that provide further details). The reader should keep in mind that the policy provisions we describe reflect current legislation at the national level and current state plans. Ongoing debate in Congress and state legislatures may lead to modifications of welfare policies and other policies for poor families. For example, the Agricultural Research, Extension, and Education Reform Act of 1998 (P.L. 105-185) recently resulted in the restoration of Food Stamps for some legal immigrants, including those under 18 who were in the United States in 1996. In addition, an important feature of PRWORA is the flexibility it gives states to experiment and redesign programs in response to changing economic, political, and demographic trends.

Employment requirements

As mentioned earlier, PRWORA departs from the Family Support Act and other welfare legislation by mandating participation in employment activities. If states are successful in meeting the employment participation requirements laid out in Title I of PRWORA, a substantial increase in formal employment among families receiving public assistance can be expected. For example, in 1994, only 8.9% of households receiving AFDC reported earned income (U.S. House of Representatives Committee on Ways and Means, 1996). Among AFDC adult recipients, just 14% were enrolled in JOBS programs, JTPA (Job Training Partnership Act), or both in 1994 (Nightingale, 1997). It is estimated that as a result of PRWORA's work requirements, i.e., that 50% of the one-adult and 90% of the two-parent caseloads will be engaged in work activities by 2002, over 800,000 new workers will enter the labor force between 1997 and 2002 (McMurrer et al., 1997).

We note, however, that estimates from ethnographic or survey data of the number of women, under AFDC, who combined welfare benefits with employment, especially from temporary work or employment in the underground economy, or who cycled between welfare and work, have often been higher than figures derived from administrative data (Dennis, Braunstein, Spalter-Roth, & Hartmann, 1995; Edin & Lein, 1997; Hershey & Pavetti, 1997). Thus, the labor force attachment of public assistance recipients under previous welfare legislation has likely been underestimated. We also note that states can receive a caseload reduction credit whereby their work participation requirements are reduced in accord with reduced caseloads; thus, they may not in practice face a work participation rate of 50% as along as their caseloads stay below FY 95 levels (Mark Greenberg, personal communication, June 4, 1998).

As we anticipate the influence of work requirements on family processes and child development, it is important to reiterate that much of what is known about maternal employment and its effects on children is derived from research with mothers who voluntarily chose to work. The results of the NEWWS Child Outcomes Study and the Teenage Parent Demonstration Study will eventually permit us to explore the effects on children when employment occurs in the context of a mandatory program. Because low-income mothers who are employed voluntarily differ in important ways from low-income mothers who are not employed (employed mothers, for example, have higher educational attainment), we must be cautious when applying existing research findings to predictions about the effects of mandated work activities on children (Moore, Zaslow, & Driscoll, 1996; Zaslow & Emig, 1997). Indeed, even existing research does not provide a consistent answer to the question of how low-income children fare when their mothers are employed.

The small set of studies that considers maternal employment in low-income families generally points to neutral or modestly better developmental outcomes for children whose mothers are employed, even when family income and maternal education are taken into account (see Moore et al., 1996; Zaslow & Emig, 1997). One possible explanation for this pattern is that maternal employment is generally associated with *better* maternal mental health, a pattern that may be stronger among low-income women (Hoffman, in press). Maternal employment may also benefit children in low-income families through not only the income it contributes, but through the social and cognitive stimulation it provides the mother, which may in turn positively affect her interactions with her children (Parcel & Menaghan, 1990).

In contrast, though findings are somewhat mixed, there is some research suggesting that employment during the first year of a child's life has negative implications for children from low-income families (Baydar & Brooks-Gunn, 1991; Belsky & Eggebeen; 1991). Researchers have also found that parents employed in low-wage jobs which are repetitive and unstimulating provide less nurturing and stimulating home environments and have children showing less favorable outcomes, than do parents in jobs which pay more or which offer greater complexity and autonomy (Menaghan & Parcel, 1995; Moore & Driscoll, 1997). To date, the effects of maternal employment on low-income children have not been fully disentangled from the preexisting demographic, social, or psychological factors associated with maternal employment. Nor do we have a full understanding of the implications for children of the employment conditions experienced by low-income working parents. Evidence thus far suggests that maternal employment which improves family income and enhances maternal psychological well-being will have neutral to positive implications for children's development, perhaps particularly when it occurs beyond the infancy period.

It will be important, as we consider the implications of mandated maternal employment, to take into account the conditions under which TANF recipients comply with PRWORA's work requirements. Given the results of the evaluation studies described above, it is reasonable to hypothesize that certain subgroups of welfare recipients—for example, those with work experience, higher educational attainment, and fewer depressive symptoms—will be more likely to find and maintain employment. We see some indications in the early descriptive data from the Child Outcomes Study that mothers who are *less* "job ready" at the start of the evaluation have children who are *already* showing less positive cognitive and behavioral development. In the Descriptive Study, mothers lacking a high school diploma or GED at the outset of participation in JOBS programs were less likely to have been employed prior to enrollment, to have been employed full time for a sustained period, and to believe that mothers of young children should be employed. The young children of these

mothers had lower scores on measures of receptive vocabulary and school readiness and were rated lower by their mothers on a measure of emotional and behavioral development (Moore et al., 1995). Thus, mothers who may be less equipped to meet PRWORA's work requirements may have children who are already at particularly high developmental risk. Combining these factors with economic sanctions for not meeting work requirements may place particularly disadvantaged children and families at risk for greater problems.

Even among those welfare recipients who are more "job ready" as a result of educational attainment or prior work experience, it is important to consider the available employment opportunities, the degree to which workers in low-wage jobs can move from entry-level jobs to more stable jobs with higher wages and benefits, and whether or not wages and benefit levels will be sufficient to move families above the poverty level (Burtless, 1997; McMurrer et al., 1997). Studies of former welfare recipients who made the transition to work (again, however, not in the context of a mandatory program) indicate that actual annual earnings were between $9,000 and $12,000 (with adjustments made for the low number of hours worked), which is between 70% and 95% of the poverty line (McMurrer et al., 1997). The degree to which recently employed welfare recipients supplement their earnings with child support, the Earned Income Tax Credit (EITC), or Food Stamps or reduce their earnings with expenses for child care, health care, and housing will also affect how low-wage parental employment influences children.

A number of states have developed strategies to foster employment and, in some cases, improve earnings among welfare recipients. Many states, for example, plan to subsidize employment by "cashing out" recipients' benefits and giving the funds to the employers who hire them. Some states also allow families to keep some public assistance while they are working until their income is above the poverty level. It will be important to monitor the impact of such strategies on family processes and child development.

Time limits and sanctions

Unlike previous welfare legislation, PRWORA places a 60-month lifetime limit on receipt of federal TANF funds. We have noted that states will have some discretion in implementing the time limit and determining how many families it applies to. Based on the behavior of recipients under the previous welfare legislation, one study estimates that 40% of the current caseload, and 23% of new welfare recipients, will reach the 60-month limit within eight years of PRWORA implementation (Duncan, Harris, & Boisjoly, 1997). These percentages will be lower, however, if families respond to the new incentive structure and move more quickly off public assistance into employment.

In anticipating the possible implications of time-limited welfare receipt for children, it is important to examine what we know about children in families who are more and less likely to reach the time limit and lose benefits. The descriptive profile of families during the first months of the Child Outcomes Study is again helpful. In the Descriptive Study, long-term welfare recipients (receipt for five or more years) were more likely to show depressive symptoms and report feeling low levels of personal control and social support. Women who received welfare for more than two years were also different from short-term recipients: they had less work experience and were less likely to believe that mothers should be employed. Their home environments were rated as providing less cognitive and emotional stimulation, and their children scored lower on measures of receptive language abilities and social maturity (Moore et al., 1995). Again, it is reasonable to hypothesize that long-term welfare recipients are among the families least likely to meet PRWORA's work requirements and most likely to reach the time limit (although some early reports from states suggest otherwise [Pavetti, 1998]). The results suggest

that children from such families may already be at greater risk for poor developmental outcomes.

Perhaps even more salient for families than time-limited benefit receipt will be the sanctions states impose on those who do not comply with program requirements. To date sanctions have affected more families than have time limits (Pavetti, 1998). Evidence points to three primary reasons for sanctions: (1) administrative errors; (2) unreported employment, additional sources of income or support from extended family; or (3) barriers such as mental and emotional health problems, chemical dependency, and poor social skills which cause an inability or unwillingness to comply with program requirements (State of Minnesota Department of Human Services, 1998; U.S. General Accounting Office, 1997a). The latter group of sanctioned recipients, considered "harder-to-serve" by caseworkers, are overrepresented among sanctioned families. Additionally, in a review of recent state-sponsored studies, a significant proportion of sanctioned families were found to have had prior contacts with state child welfare or child protective services (Levin-Epstein, 1998). Thus, while very little is currently known about state sanction policies and which families are affected, there is reason to be concerned about the children in sanctioned families, particularly those considered harder-to-serve .

Establishment of paternity and provision of child support

As with previous welfare legislation, a key purpose of PRWORA is to strengthen child support provisions. If successful, strategies to increase paternity establishment and secure child support payments from noncustodial parents (usually fathers) may increase not only families' economic resources, but also paternal involvement in children's lives. Indeed, findings from a number of studies have documented a positive association between the provision of formal child support and paternal contact with children (Garfinkel & McLanahan, 1997).

Although a relatively small body of research describes the variety of roles fathers play in the lives of their children and the implications of father involvement for development (Engle & Breaux, 1998; Federal Interagency Forum on Child and Family Statistics, 1998), any predictions of the potential impact of mandatory paternity acknowledgment and child support payments on children's development must be tentative. In general, nonresidential fathers (particularly those who have never married) have not been adequately represented in national surveys, so little information is available documenting their demographic characteristics or their ability to pay child support (Garfinkel, McLanahan, & Hanson, 1997; Sorenson, 1996). Research documenting an association between child support payment and paternal contact with children has been conducted primarily with middle-class families and has not sufficiently taken into account the psychological and demographic factors associated with paternal involvement among nonresidential fathers (Garfinkel & McLanahan, 1997). Although paternal contact is generally expected to be linked with positive developmental outcomes, this association has not been strongly established and replicated across studies (Furstenberg, 1995) because it is difficult to determine whether relations between paternal involvement and child outcomes are a function of the factors that predict paternal involvement (e.g., paternal education and income) or of paternal involvement itself.

Despite the dearth of research examining how child support policies influence low-income nonresidential fathers and how, in turn, in the context of mandatory policies, paternal contact and/or involvement are associated with child outcomes, existing research does highlight areas which should be targeted in evaluations of PRWORA's child support provisions (e.g., Garfinkel, McLanahan, & Robins, 1994; Nord & Zill, 1996). First, it will be important to document whether family income increases as a result of child support provisions and whether this income, regardless of its links to paternal contact, is beneficial for children and families.

Second, it will be useful to document the degree to which policies encourage or discourage the provision of informal sources of support. Evidence from qualitative research indicates that, even when nonresidential fathers do not provide formal child support, the informal supports they provide (e.g., cash or other items such as groceries, diapers, or clothes given directly to the mother) can be important. There is, to date, however, limited study of the role such informal support plays in the quality of the home environment and its effect on children. Findings from the Descriptive Study of the Child Outcomes Study indicate that provision of informal support is only marginally related to cognitive stimulation in the home environment (Greene & Moore, 1996).

Third, researchers must examine the impact of child support policies on the *quality* of the nonresidential father's relationship with both the child and the custodial parent. One potential result of strong child support enforcement strategies is that the entry of "reluctant" fathers into children's lives will increase conflict between children's parents and thus be detrimental for children (Garfinkel et al., 1997). Indeed, there is some concern that child support enforcement strategies could be linked to domestic violence. As such, states are required to develop definitions and standards for "good cause" exceptions to the child support cooperation requirements in PRWORA (Roberts, 1997). In contrast, if contact between parents is relatively harmonious and the father is a supportive presence in his children's lives, children may indeed benefit from increased father involvement (Emig & Greene, 1997; Marsiglio & Day, 1997). Clearly, more research is needed that examines the role of paternal involvement and child support in the lives of young children, particularly those in never-married, low-income families.

States are experimenting with different strategies for increasing noncustodial parents' financial responsibility for their children. For example, the Non-Custodial Parent Services Unit in Illinois provides services for court-referred noncustodial parents (Illinois Department of Public Aid, 1996). The services are primarily related to employment and job search issues, but referrals are also made to social service agencies which can more directly assess the personal and social needs of low-income, nonresidential fathers. Other states have launched educational campaigns describing the importance of paternity establishment for both children and parents.

Eligibility changes

PRWORA allows states (and in some cases, requires states) to withhold benefits from certain groups, including legal noncitizens,drug felons, and recipients who do not comply with program requirements. Although recent federal legislation reinstated Food Stamp benefits for some legal immigrants, many are still not eligible; states must also decide whether or not to provide TANF benefits to legal immigrants. Currently, only Alabama and Guam have decided *not* to provide TANF to this group (National Governors' Association, 1997). Tracking states' policies for legal noncitizens, particularly new entrants, will be important over time because they may remain a target for reduced or eliminated benefits. Because children of legal noncitizens may be another group already at greater risk for developmental problems (e.g., low academic achievement; Goldenberg, 1996), substantial decreases in economic resources may be particularly detrimental for these children. State "safety nets" and emergency benefits for children and families who lose eligibility for benefits will likely be critical to child well-being under PRWORA.

In addition, eligibility requirements for Supplemental Security Income (SSI) benefits were changed under Title II of PRWORA. The law created a new definition of disability for children which is stricter than previous definitions. At least 135,000 and as many as 315,000 children with learning disabilities and behavioral disorders are expected to lose their eligibility for benefits under the new definition (Lo-

prest, 1997; Social Security Administration, 1997). Many parents of children previously receiving SSI are likely to seek TANF benefits; they may simultaneously face a loss of SSI benefits *and* new work requirements. In these families, the challenge of managing children with behavioral and developmental problems may be exacerbated by a decrease in family resources and changes in maternal availability and supervision. Depending on the availability of alternative sources of supervision, children in these families, who already require special services, may thus be at risk for possible negative impacts of PRWORA on key aspects of family life.

Provisions addressing nonmarital and teenage childbearing

As noted above, a number of PRWORA provisions explicitly focus on the issues of nonmarital and teenage childbearing. If these successfully discourage childbearing among unmarried women and teenagers, the children already in these families may benefit. There is a long-standing body of research documenting negative sequelae of early and nonmarital childbearing for mothers and their children, and indicating negative developmental outcomes for children living in families with large numbers of children or with closely spaced and unwanted births (Barber, Axinn, & Thornton, 1997; Blake, 1989; Brown & Eisenberg, 1995; Maynard, 1997). It will be critical to track whether policies such as the "family cap," which denies additional benefits for children born to mothers already in the program, bring about a reduction in subsequent childbearing. If such a reduction occurs, it may be associated with more positive outcomes for the children already born. However, if "family cap" policies do not discourage subsequent childbearing, then fixed economic resources will be shared among more family members, with possible negative implications for the children already born. Early evidence from Delaware's A Better Chance Program (ABC) indicates that, after 18 months, "family cap" policies and other welfare reform provisions (e.g., sanctions and time limits) had no impact on numbers of births or current pregnancies (Fein, 1997). This finding parallels those of New Chance and other programs aimed at disadvantaged teenage mothers which did not significantly reduce subsequent pregnancies and births among teenage mothers (Quint et al., 1997). ABC did, however, show increases in marriage and marital cohabitation, but only among young (under age 25), short-term welfare recipients. Clearly, tracking policy effects on rates of marriage and fertility among welfare recipients will be important to understanding the implications of PRWORA for children.

Child care provisions

As families respond to PRWORA's work requirements and time-limited welfare receipt, the need for affordable, accessible child care, which supports the transition from welfare to work while providing safe and nurturing care for children, becomes an increasingly central concern for families and policymakers. Under the previous legislation, child care for an AFDC recipient or one making the transition out of AFDC was a noncapped entitlement: all eligible families could receive benefits, and states could access funds as needed. The new Child Care and Development Fund, under which funds for child care are provided to the states, is capped. States will receive an amount tied to their own expenditure, whichever is higher of FY 1994, 1995, or the average of 1992-94. States may also get further funding by transferring funds from their Social Services Block Grant or their TANF block grant, or by exceeding the amount of state funds spent to match federal funding in FY 1994 or 1995. Thus, the new legislation allows for increased child care funding (depending on the extent to which states invest in child care and draw down matching federal funding) and gives states flexibility to design child care assistance programs. There is a great deal of variation, however, in states' capacity and commitment to investments in child care, and how much states will maintain or increase child care spending under PRWORA is unclear (Long & Clark, 1997).

Subsidy levels and reimbursement rates are also likely to change under PRWORA (Raikes, 1998). States are no longer required to conduct market rate surveys (though it is encouraged in proposed regulations by the Department of Health and Human Services) or pay costs of care up to the 75th percentile of child care rates. Further, a recent report by the Office of Inspector General of the Department of Health and Human Services (1998) expresses concern that a state's decision not to reimburse at the 75th percentile curtails parental choice of type of care and guides parents toward informal arrangements. This report also notes the lack of monitoring of safety (e.g., on-site inspections, checks on provider backgrounds for abuse/neglect records) in some states for informal settings as a prerequisite for reciprocal subsidy. If lower reimbursement rates lead to lower wages for child care staff, we could expect a decline in the quality of child care (Smith, 1998). States will need to make difficult choices regarding the target population of child care assistance and the extent to which low-income working families who are *not* receiving welfare will be served.

The package of child care provisions that states create for families receiving TANF and for low-income working families will play an important role in children's experiences under the new legislation. For example, as states attempt to curb costs and expand the supply of child care, they may encourage the use of informal child care (i.e., care in unregulated home settings, with relatives or nonrelatives), which is typically less expensive than regulated child care in centers or licensed family child care. Although informal child care is generally more flexible in its hours of operation than center-based care and evidence indicates that parents view such care as providing the flexibility they need to fulfill work obligations (Emlen, 1998), recent research indicates that many informal-care settings provide lower quality care (Kontos, Howes, Shinn, & Galinsky, 1995). In addition, evidence indicates that, for children from families receiving welfare, participation in formal early child care and education programs can be positively associated with school readiness (Zaslow, Oldham, Moore, & Magenheim, in press). Researchers must investigate the quality of child care that children receive when their parents are fulfilling PRWORA requirements, including the extent to which it supports children's development, health, and safety (Lombardi, 1998; Moorehouse, 1998).

Whether the current supply of child care keeps pace with increased demand owing to work requirements is also important. Families who do not find reliable child care may be forced to patch together a variety of informal or temporary arrangements for their children. There is a particular concern about the supply of care for infants and school-age children (U.S. General Accounting Office, 1997b). Given research findings which show the association between child care, child development, parental employment, and welfare status, it will be critical for researchers to track and evaluate state responses to PRWORA's child care provisions.

Summary

Drawing from the research on children in the context of past welfare-to-work programs, we anticipate the possibility of both positive and negative effects of PRWORA on children, with family characteristics interacting with specific policy parameters to determine the direction of effects. In particular, children may well benefit from the new policy if mothers successfully make the transition to employment and increased economic resources, particularly if the employment circumstances are not excessively stressful and child care is stable and of good quality. Children may also benefit from greater paternal support, both economic and social, if paternity and child support policies succeed in bringing about greater and more positive father involvement. Also, if work requirement and family cap policies succeed in restricting family size, children already present should benefit.

On the other hand, previous research rais-

es the possibility that children in families in which the mother is less likely to make the transition to employment, in families that are more likely to come up against time limits, and in families that are ineligible under the new legislation already appear to be at greater risk for poor developmental outcomes. These children could experience negative outcomes as a result of PRWORA provisions.

Finally, some children may experience neither negative *nor* positive cumulative effects of PRWORA per se, in that various policy provisions may have small and/or offsetting influences. We need to keep in mind, however, that these children who do not benefit from PRWORA will likely remain at risk for the negative outcomes associated with long-term poverty, including poor health status, low academic achievement, and poor socioemotional adjustment (Duncan & Brooks-Gunn, 1997).

Examples of New Studies Focusing on PRWORA and Children

We have noted multiple instances in which it will be critical for future research to consider the implications of PRWORA provisions for children. We turn now to a description of new studies that will help to address these gaps. Rather than attempting to summarize the many new studies in progress, we instead describe examples of research being conducted with different methodological approaches. Such contrasting approaches provide different and complementary perspectives, each with distinctive strengths and limitations. The websites noted in Table 2 provide information on how to contact the research teams for further details. For ongoing updates of a more exhaustive list of studies focusing on welfare and children, see especially the on-line database of the Research Forum on Children, Families and the New Federalism (website noted in Table 2).

Evaluation Research

Evaluation studies, in the tradition of the experimental evaluations of past welfare-to-work programs, will be an important source of information about the impacts of specific programmatic approaches on children. Given our expectation that states will differ substantially in how they implement PRWORA, studies evaluating key programmatic variations will be critical.

- The *Project on State-Level Child Outcomes* is pursuing experimental studies in five states. This research builds on evaluations of adult outcomes in states that had been granted waivers under the previous welfare legislation. These waiver experiments are testing numerous features of state PRWORA implementation, such as family caps, time limits, and earned income disregards. The Department of Health and Human Services and several private foundations are funding the states to augment their evaluation studies with measures of both child outcomes and the mediating variables important to children's development (including family income, employment, maternal psychological well-being, home environment, and child care). Child Trends and the NICHD Family and Child Well-being Research Network are providing technical support to the states to proceed with these child outcomes studies (Moore, 1998).

- The *New Hope* project in Milwaukee, Wisconsin, is designed to supplement the earnings of program participants working 30 hours a week to bring their annual household incomes above the poverty line. Program participants also receive support services and job retention assistance. The random assignment design of the New Hope evaluation, conducted by Manpower Demonstration Research Corporation and other investigators (with the research team including Huston, Duncan, Weisner, and

Granger) will permit an examination of program impacts on a variety of outcomes, including child developmental outcomes (Weisner, 1998).

- The *Early Head Start Research and Evaluation Project*, conducted by Mathematica Policy Research and the Center for Young Children and Families at Columbia University, will include a sub-study of Early Head Start and early childhood development in the context of welfare reform. The Early Head Start Research and Evaluation project is an intensive study of the new Early Head Start program and simultaneously begins a far-reaching longitudinal study of infants and toddlers in low-income families. This comprehensive, two-generation program includes intensified services that begin before the child is born and concentrate on enhancing the child's development and supporting the family during the critical first three years of the child's life. The Early Head Start study will include approximately 3,000 families living in 17 diverse communities that reflect the socioeconomic and political context of low-income families in the United States in the late 1990s. The evaluation will measure a broad range of outcomes, collect extensive information about the programs and the individual families' experiences with them, and conduct analyses to link experiences with outcomes. The Early Head Start Research and Evaluation project is another evaluation study that will provide valuable information about PRWORA. The evaluation will examine how Early Head Start programs mediate the effects of welfare reform on families and children, assessing what family and child impacts can be expected when families subject to welfare reform requirements receive intensive child development/child care services.

Survey Research

Surveys that sample national, state, or local populations will also be important in documenting the well-being of children in families in defined geographical regions (Brown, 1998). Given that certain families will no longer be eligible or will chance not to apply for benefits under PRWORA, surveys will provide a view of child well-being that would not be captured by evaluation studies involving only eligible families who have applied for benefits. Longitudinal surveys will permit the tracking of changes in child well-being over time, making it possible, for example, to examine whether increasing numbers of children are living in poor or working poor families.

- The *National Survey of America's Families (NSAF)* is an example of a survey that will provide both national and (for 13 selected states) state-level data critical to tracking effects of the new welfare policy. The NSAF is the survey component of the Assessing New Federalism Study being carried out by the Urban Institute and Child Trends. The survey was conducted in 1997 with a second wave planned for 1999 or 2000. The NSAF collects data on possible mediators of child outcomes, such as family structure, income, child support, maternal employment, program participation, child care, maternal psychological well-being, parental involvement in children's schooling, and family stability/turbulence. Areas of child well-being examined include health status, involvement in positive activities, and child behavior problems.

- The *Survey of Program Dynamics* conducted by the Census Bureau will collect survey data on child well-being and family processes. Although state-specific estimates will not be possible, longitudinal data will be collected, allowing researchers to examine the implications of policy changes over time.

Analyses of Administrative Data

Administrative data will provide essential information on caseloads, child care subsidies, benefit levels, and numbers of families reaching time limits or being sanctioned (Brown, 1998).

- The *Inventory of State Efforts* will focus heavily on administrative data. The study is being conducted by UC Data under the auspices of the Joint Center for Poverty Research at the University of Chicago and Northwestern University. As part of the Poverty Center's mission to support research on the effectiveness of policies aimed at reducing poverty, the Center sought funding from the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, to create an Advisory Panel to assess the development of research-ready data from state administrative sources in the areas of public assistance, public health, and welfare and for use in policy and academic research. This project will summarize the status of state administrative data capabilities relevant to welfare reform. An inventory is being completed with a sample of 28 states, stratified by size of population and geographical location. The inventory also gives particular attention to successful efforts to link administrative data from different data systems.

- The *Chapin Hall Center for Children* is providing technical assistance to states who are interested in improving their capacities to develop and use indicators of child well-being in state and local policy work. Up to 10 grants will be awarded to states by the Department of Health and Human services to support state projects. Tracking the effects of welfare policies on the well-being of children is one important potential focus, and administrative data are expected to be major sources of information for at least some of the state projects.

In-Depth Assessments of Child Development, Ethnographic Research, and Observational Studies

In-depth studies involving ethnography, direct assessment of child development, and observations of parent-child interaction will help us understand and assess families' perceptions and experiences under the new policies. Ethnographic work, for example, allows investigation of changing family attitudes—for instance, toward the bureaucracy or benefit receipt (see, for example, Newman, 1998, and Edin, 1998, for examples of ethnographic work focusing on working poor and welfare families).

- The *Welfare Reform and Children: a Three City Study*, conducted by a team of researchers (including Angel, Burton, Chase-Lansdale, Cherlin, Moffit, and Wilson) in San Antonio, Boston, and Chicago, combines comparative ethnographic research with a longitudinal survey to study how the new policies influence parents, children, and neighborhood resources over time (Cherlin, 1998). Extensive assessments of children's social, cognitive, and physical development will be conducted. In addition, the ethnographic component of the study will use life-history interviews, diary studies, participant observation, and field research in neighborhoods to assess changes in neighborhood resources, service provision, and family processes, and the implications of these changes for children. The study participants will include families receiving TANF benefits as well as working poor families.

- The study of *Fragile Families and Child Well-being*, led by a team of investigators (including McLanahan, Garfinkel, Brooks-Gunn, Tienda, Singer, and Deaton) and funded by the Ford Foundation and NICHD, is a longitudinal study which will follow three cohorts (two beginning at birth) of children

born to low-income, unmarried parents in U.S. communities. The purpose of the Fragile Families project is to better understand family dynamics and relationships between unmarried parents, the forces underlying family formation and dissolution, and how these processes affect child well-being. It will also examine how government policies for "fragile families" (e.g., cash assistance, child support, health care, and child care) influence family processes and child development.

- In *Devolution of Welfare: Assessing Children's Changing Environments and Effects on School Readiness*, Fuller and Kagan will investigate the influence of welfare reform on community early education organizations, family processes, and children's early learning. The study will examine longitudinally the supply of center-based child care programs and family child care homes in different communities, the choices families make about early education and care for their children, and how children fare in communities with different resources for early child care. Data will be collected in New Haven, Connecticut; Tampa, Florida; and San Francisco and Santa Clara, California.

- In the *National Study of Low Income Child Care*, Abt Associates and the National Center for children in Poverty at Columbia University, under a contract with the Administration for Children and Families, are conducting a 5-year national study on how the implementation of PRWORA influences parents' employment and child care decisions as well as children's experiences in child care. Data gathered from administrative records and key community informants will be used to examine state child care policies, practices, regulations, and resource allocations and how they affect the child care available to low-income families. In 5 of the 25 communities selected for the study, a more intensive study of parental child care decisions and children's experiences in child care will be conducted. Analyses in the subsample will be based on in-person interviews, observations of child care settings, and telephone survey data. The role of child care subsidies in parental choice of child care and the effects of child care on parental employment and family functioning will be addressed in the study.

- The *Project on Devolution and Urban Change*, conducted by the Manpower Demonstration Research Corporation, will incorporate analyses of administrative data, field research, and survey data to study how social welfare programs are restructured in the new policy context and to examine the effects of these changes on low-income families and children, neighborhoods, and institutions (Edin, 1998).

Conclusion: PRWORA in Conjunction with Other Evolving Policies

As research on the effects of the PRWORA continues, it will be important to consider the interplay of PRWORA with other new family-related policies. In particular, policies that affect access to child care and health care have the potential to affect child well-being. These policies may also influence children through their impact on family income (e.g., by affecting the cost to families of these essential supports). Similarly, other policies that affect the income of low-wage workers, including the Earned Income Tax Credit, SSI, child support, and the minimum wage, could make a critical difference for families moving from welfare to work.

Policy in three important domains—child care, health care, and income support—is changing and is subject to active debate (e.g., Bergmann, 1997). Evidence of the dynamic nature of policy in these areas can be seen in the President's recent proposals for an increased federal invest-

ment in child care and for raising the minimum wage, other child care proposals pending in Congress, and the recent passage of the State Child Health Care Program which will expand health care coverage for children in low-income families. There is likely to be significant state variation in policies that affect basic supports for families. Given PRWORA's mandate that most parents work, researchers will need to investigate not just whether parents move from welfare to work, but also how family life and children's development vary with different levels and types of support. Many of the new studies noted here are taking this approach. The new research on PRWORA stands to inform the larger research agenda focused on the well-being of children in working poor families (Smith, 1997), and low-income families in general.

Notes

[1]If more than five states qualify, bonuses will be paid to the five states that show the largest reduction in out-of-wedlock births and have decreased abortion rates.

[2]The Federal Interagency Day Care Requirements were issued as a set of recommendations in 1980 by the federal government. Although never implemented as regulations, they remain respected markers against which child care quality can be measured.

[3]As noted, the JOBS Observational Study involved a contrast of the human capital development stream and control groups and took place with a subset of families in the Atlanta site. Families in the labor force attachment stream were not included in the study.

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Improving the Life Chances of Children in Poverty: Assumptions and What We Have Learned

Robert G. St.Pierre and Jean I. Layzer

In spite of more than three decades of anti-poverty programs, the number of children living in poverty has increased in recent years (Carnegie Task Force, 1994; National Center for Children in Poverty, 1996). Reasons for this include an increase in the number of single-parent families, a declining labor market for low-skilled workers, and reduced welfare benefits to poor families (Duncan, 1991).

For children and families, the correlates of living in poverty are many. Mothers in poverty may suffer a variety of psychological consequences, including low self-esteem, depression, lack of hope for the future, lack of sense of personal empowerment, low aspirations, and social isolation. They may have health problems such as untreated chronic illness, anemia stemming from poor nutrition, and are increased risk of substance abuse. The combination of unfinished education, absence of parental role models, and social supports often leaves them with inadequate life management skills; they may have difficulty making decisions, be unable to manage limited budgets, and have little understanding of what it takes to be a good parent. Facing difficulties, both practical and motivational, in completing their education or acquiring job skills, they may remain dependent on welfare and unable to achieve even limited economic self-sufficiency (McLoyd, Jayaratne, Ceballo, & Borquez, 1994).

Poverty places severe strains on family relationships, including conflict with a spouse, spousal abuse, and marital dissolution. Frequently, if the child's father lacks job prospects, marriage is deferred or not entered into. The family faces constrained resources in terms of income, housing, food, and transportation, as well as inadequate or totally absent social supports. Dangerous neighborhoods place additional stress on the family, and poor schools fail to offer needed support (Huston, McLoyd, & Garcia Coll, 1994).

The economic, social, physical, or psychological stresses associated with poverty affect parent-child relationships. Parents who them-

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selves had poor parental role models and who are socially isolated and inadequately prepared for the demands of parenthood are likely to have inappropriate expectations of their children, to be inconsistent or unresponsive parents, and to be restrictive and punitive in managing children's behavior, sometimes to the point of abuse. Alternatively, they may provide inadequate supervision for children and neglect their basic needs. Finally, families living in poverty often suffer from social and psychological isolation as well as inadequate material and psychological resources (Huston et al., 1994).

For infants and young children, the immediate consequences of poverty are severe. High levels of infant mortality and morbidity, prematurity, and impaired health are all associated with infants born into poverty. Young children living in poverty are less likely to see a pediatrician and to receive dental care and vaccinations, important steps to ensure future growth. Adverse birth outcomes can result in developmental delay, behavior problems, and inadequate preparation for school. Adolescent children in poverty manifest lower school achievement and unfinished education, early sexual activity leading to teen pregnancy, substance abuse, delinquency, and a high incidence of death from accidents or homicide (Schorr, 1988).

How do we attempt to address these social ills? In our rhetoric and programmatic investments in antipoverty programs, our society has shown that we believe it is possible to intervene in the lives of families in a way to disrupt the cycle of poverty just described. Although one can argue over whether the level of investment has been sufficient, there is no dispute that over the past 25 to 30 years, federal, state, and local governments, private foundations, and private industry have funded a stunning array of social, educational, and health interventions, some intended to ameliorate the effects of poverty and others, more ambitious, intended to interrupt the poverty cycle and move families into self-sufficiency.

Close scrutiny of these interventions suggests that, for the most part, they have not achieved the hoped-for effects. Before we embark on a new round of interventions, prudence dictates that we examine the pattern of findings from studies of these earlier interventions, try to understand why they fell short of their intended goals, and derive some lessons for the future.

Poverty and Children's Development

The design of most social and educational interventions rests on a set of assumptions about human development, about the possibility of intervening in development, and about the most effective strategies for intervention. These assumptions are often unstated by program developers and must be inferred from the design and operation of the program and statements about its desired effects. The more comprehensive the program design, the more complex the array of assumptions that undergird it. Different types of interventions rest on differing assumptions. Here we describe three basic assumptions about children's development and the ways in which poverty can compromise or threaten that development.

Assumption 1: Child development is a complex, dynamic process, influenced by multiple factors that interact as parts of a larger ecosystem.

The need to focus on the child as part of a larger unit has increasingly been recognized in the theoretical approaches proposed by psychologists and sociologists in their efforts to understand human development. Bronfenbrenner (1979) argues for consideration of the "context" or "ecology" of human development. He has proposed four influences on an individual's development: (1) the immediate setting (e.g., home, school, job); (2) the interrelations among major settings containing the

individual; (3) formal and informal social structures (e.g., media, neighborhoods); and (4) the ideological patterns of the culture and subcultures of the setting in which the individual functions. Efforts to understand or to intervene in the course of child development must address the larger context of this development if they are to succeed.

Ramey and Ramey (1990) developed a multilevel model of early childhood development that illustrates three types of influences on the cognitive and social development of children: (1) contextual variables, including the biological, social, cultural, and economic contexts of the child and caregivers; (2) the current biological, social, cultural, and economic status of the child and caregivers; and (3) transactions between the child and its caregivers and among family members. This model indicates that the process of development is iterative in that the experiences that all of these factors produce for the child have implications for subsequent development.

Assumption 2: A child's early experiences are critically important for healthy development.

This is one of the most basic assumptions underlying many programs. However, what constitutes appropriate early experiences has been debated for almost 200 years. In the 1820s American reformers organized infant schools modeled on the experiences of British educators who suggested that a child's early experiences were important determinants of later development (Brown, 1828). Brigham (1833), however, prepared an influential publication in which he warned that "in attempting to call forth and cultivate the intellectual faculties of children before they are 6 or 7 years of age, serious and lasting injury has been done to both the body and the mind" (p. 79). Brigham's work led to the eventual demise of the American infant school movement, and by the end of the 19th century few young children were enrolled in school (Winterer, 1992). In the 20th century, early childhood education programs have once again been viewed as a way to ready for school children whose life circumstances have left them ill-prepared.

Additionally, psychologists have for many decades promoted the idea that development includes "critical periods" (Bowlby, 1973) during which, for example, the child makes or fails to make an attachment bond with the mother or forms the foundations for mastering language. Recent research on brain development provides detailed evidence about the critical importance of the early years of life.

Brain development before age 1 is rapid and extensive (Chugani, 1993; Johnson, 1994). While brain cell formation is complete before birth, the months after birth and up to the age of 2 are a period of fine-tuning, and sensory inputs during this period are critical to the formation of the child's perceptual and cognitive patterns. Individual areas of the brain have their own pattern of and timetable for development. The critical period for the development of vision, for example, is from birth to 8 months; for language, from birth to 10 years; for math and logic, birth to 4 years.

Second, there is increasing evidence that brain development is vulnerable to environmental influence after birth as well as in utero. Extensive research has focused on the effects of deficiencies in, or inappropriate additions to, the fetal environment. Inadequate nutrition before birth and the lack of some specific nutrients can interfere with brain development (Pollitt et al., 1996). Similarly, foreign substances or organisms introduced into the system can have devastating developmental effects. The debilitating effects of thalidomide, probably the best-known teratogen, or of rubella contracted by the mother in the first trimester of her pregnancy, have long been observed. In-utero exposure to alcohol also has been shown to have serious and lasting effects on development (Connor, 1994). Only recently, however, have we begun to understand the physiological mechanisms

through which these deficiencies or additions cause such serious damage.

Other research has shown that the child's early experience has a direct effect on brain development. Early studies of children raised in institutions in which their mobility was restricted and which provided little stimulation showed serious delays in psychomotor growth (Shatz, 1992). Animal studies have provided a clearer picture of how growth can be delayed or negatively affected. Animals raised in conditions of deprivation show differences in brain structure and function compared with animals raised in more complex environments (National Health/Education Consortium, 1991).

Recent research has examined the effects of social experience on brain development, suggesting that early stress has a negative and lasting impact. In addition to affecting subsequent language development, the state of hyper arousal produced by traumatic experiences can, in time, become a maladaptive trait (Perry, Pollard, Blakley, Baker, & Vigilante, 1995).

While there is evidence that the brain is able to compensate somewhat for delays in its development, the external environment influences the extent of this plasticity. In a study of preterm infants at risk for cognitive delays, those with responsive caregivers had nearly normal IQ scores at 7 years of age; those without such a supportive environment had lower scores (Zuckerman, 1991). Similarly, infants who experienced perinatal stress had better outcomes when they lived in stable families; poor outcomes were related to the combination of perinatal stress and family instability.

Assumption 3: Poverty adversely affects a child's early childhood development through multiple mechanisms and threatens chances for success in life.

A substantial body of research supports the tenet that poverty can be detrimental to early development. Poverty may influence children's development directly, through the deprivation of necessary resources (e.g., prenatal and perinatal nutrition, well-baby care, or shelter) or the addition of harmful substances, such as lead from peeling paint in deteriorating housing (Environmental Defense Fund, 1990; Tesman & Hills, 1994). In addition, the stresses that poverty places on families and the effects of poverty on homes and communities represent indirect threats to the child's development.

The effects of poverty on children can be observed early in life. Children in low-income families are at higher risk for late, inadequate prenatal care and low birth weight and are more likely to die at birth or in infancy. And those who survive infancy are more likely to become ill and to be sicker and die at higher rates than children from higher-income families (Starfield, 1991). Children from low-income families have higher rates of asthma and dental disease and are more vulnerable to measles and other preventable illnesses. They are less likely to see a pediatrician on a regular basis, to receive dental care and immunizations, and to live in a safe home environment that optimally nurtures their development (Garbarino, 1990; Gelles, 1992). They tend to exhibit more behavioral and developmental problems and are more likely to perform poorly once in school (Dryfoos, 1987). In the later school years, children in poverty are disproportionately likely to repeat grades, have frequent absences (Ravitch & Finn, 1987), fail to complete high school, and lack basic literacy and numeracy skills (Gardner, 1990; Puma, Jones, Rock, & Fernandez, 1993).

These and other effects of poverty reflect combinations of biological risk factors, environmental conditions, and social conditions. For example, the explosion in asthma rates among children from low-income families may be attributable to environmental factors, such as the use of pesticide sprays in public housing, but the acute episodes of asthma that bring children to hospital emergency rooms are more probably attributable to social factors such as the absence of regular medical attention. While children born

in poverty are at greater risk for biological risks that threaten damage to the central nervous system and consequent behavioral and emotional disorders, it has been argued that these biological factors pale in comparison with the negative effects of the sub-optimal "caretaking environment," defined in terms of both physical and psychological resources (Sameroff & Chandler, 1975). Longitudinal studies of child development in Kauai support this argument, indicating that perinatal complications alone are not consistently related to later developmental problems, but in interaction with adverse social conditions are 10 times more likely to produce poor outcomes in children (Werner, 1989).

These three basic assumptions about child development—that child development is dynamic and occurs in a multilayered context, that early experience is important, and that poverty hinders development—are widely accepted and supported by research evidence and are troubling in their implications. Taken together, they present a political and social challenge facing the United States. In what follows, we describe the strategies adopted thus far to meet this challenge.

What We Have Learned

Child-focused approaches

Perhaps the most widely recognized intervention strategy, developed more than 30 years ago, is to provide a preschool experience to children at risk because of poverty or other factors. The assumption underlying this strategy is that a year (or sometimes 2) of preschool experience will improve the child's social competence and prepare him or her to enter school on equal terms with more privileged children. Under this approach, programs provide a range of educational services (and sometimes health and nutrition services) directly to children with the hope of affecting their cognitive and socioemotional development, their subsequent school performance, and, eventually, their chances for success in life. Head Start is the major federal early childhood program for preschoolers.

There is a very large literature on the effectiveness of early childhood programs. Recent reviews conclude that high-quality, intensive, center-based early childhood programs can make an important difference in the lives of young children (Barnes, Goodson, & Layzer, 1996; Barnett, 1995; Lamb, in press; Wasik & Karweit, 1994). More specifically:

- High-quality early childhood programs consistently show large short-term effects on children's cognitive development. In a comprehensive review, it was reported that preschool programs produce gains of between 4 and 11 IQ points (Barnett, 1995). Additional evidence is provided by experimental studies of preschool programs, e.g., the Consortium for Longitudinal Studies (1983) reports findings from 11 early childhood programs; the Campbell and Ramey (1994) report on the Abecedarian Project; and evaluations of large public preschool programs such as the Chicago Child Parent Centers (Reynolds, 1996); Head Start (McKey et al., 1985); and New York City's Project Giant Step (Layzer, Goodson, & Layzer, 1990). For summaries of this and other related research see Barnett (1995) and Barnes et al. (1996).

- Although fewer early childhood programs provide evidence of effects on socioemotional functioning for children, there are some indications that intervention programs can have positive effects in this area as well (see Honig, Lally, & Mathieson, 1982; Lee, Brooks-Gunn, & Schnur, 1988; McKey et al., 1985).

- Effects on standardized cognitive tests fade out in the early elementary years.

This phenomenon is well-established (Barnett, 1995; Castro & Mastropieri, 1986; McKey et al., 1985). Barnett (1995) argues that gains on IQ tests decline over time, while effects on achievement are more persistent. Ramey & Ramey (1992) state that the early effects of early childhood programs will "diminish if there are inadequate environmental supports."

- Early child-focused interventions have longer-term noncognitive benefits which can be detected in the public schools. Benefits include, for example, reduced grade retention and special education placement (Barnett, 1995; Consortium for Longitudinal Studies, 1983; Schweinhart, Barnes, & Weikart, 1993). Long-term benefits have included higher rates of high school graduation and employment and lower rates of criminal behavior and welfare dependence (Schweinhart et al., 1993). Yoshikawa (1995) reviewed the literature on the effects of early childhood programs on social outcomes and delinquency and concluded that programs that addressed multiple risk factors (e.g., those that combine family support and early childhood education) are best at reducing antisocial behavior and delinquency.

- Programs with continued follow-up are more likely to have long-term benefits for children; highly intensive programs are more effective than less intensive ones. A review of preschool programs (Wasik & Karweit, 1994) found that "early, intensive intervention, along with continued follow-up as children enter school, can keep disadvantaged children from falling behind" (p. 54). Another observer concluded that programs with intensive individual components were best at reducing antisocial behavior and delinquency (Yoshikawa, 1995). Yet another review drew the conclusion that "programs that are more intensive . . . produce larger positive effects than do interventions that are less intensive. Children and parents who participate most actively and regularly show the greatest overall progress" (Ramey & Ramey, 1992, p. 133).

The major reviews of the effects of child-focused early intervention programs are very consistent: high-quality, intensive programs can have short-term positive effects on cognitive development as well as longer-term positive effects on school-based placements and out-of-school behaviors. In spite of these positive findings, there is general agreement that while they help, preschool programs alone are not enough to ameliorate the effects of poverty (Karweit, 1994).

Parenting programs

An alternative approach that has been tried in many different settings over the past few decades is to attempt to affect children's development indirectly, through their parents. Programs adhering to this model hold that parents are their children's first and best teachers and that, although high-quality early childhood programs are important, changes in the parenting behavior of low-income parents must be effected for their children to succeed. This approach assumes that increased knowledge about child development and other parenting skills will result in positive changes in parental attitudes toward and behavior with their children and that these changes, in turn, will result in improved cognitive and socioemotional outcomes for children. This approach has led to programs such as Head Start's Parent-Child Development Centers, Missouri's Parents as Teachers (PAT) program, and Arkansas's Home Instruction Program for Preschool Youngsters (HIPPY).

The research base on parenting programs is smaller than that for child-focused programs. Still, there are a large number of studies and reviews. A review of the research conducted over the past several years leads to the following set of conclusions:

- There is a clear relationship between parenting behaviors and child outcomes. Studies conducted over the past two decades have shown that the quality of parenting behaviors is important t to child development (e.g., Barnard, Hammond, Booth, Mitchell, & Spieker, 1989; Clarke-Stewart, 1988). This evidence sets the stage for parenting programs that hope to make changes in parenting behaviors that will lead to subsequent changes in children.

- There is evidence that parenting programs can change certain aspects of parenting. Several well-designed studies have found short-term positive effects of parenting education on maternal knowledge, attitudes, and behavior (Andrews et al., 1982; Johnson & Walker, 1991; Quint, Bos, & Polit, 1997; St.Pierre et al., 1995; Travers, Nauta, & Irwin, 1982). A review of 13 randomized trials of home visiting programs for low-income families with infants, which included parenting education as a major component, found mixed impacts on parental attitudes and behaviors (Olds & Kitzman, 1993).

- There is little evidence that parenting programs produce the hoped-for linkage between changed parent behaviors and improved child outcomes. While it is possible to use parenting education to influence parent knowledge and attitudes and, possibly, their behavior with children, we lack research evidence that parenting education, by itself, will result in improved child outcomes (Barnes et al., 1996; Barnett, 1995; Clarke-Stewart, 1988). In a comprehensive review of the research on such programs, it was concluded that (1) only those home-based early childhood programs that target children at biological risk (low birth weight, special needs) have significant short-term effects on children's intellectual test performance; and (2) programs for children at environmental risk have not shown positive effects (Olds & Kitzman, 1993).

Many research reviews have reached similar conclusions. One review, for example, used data from 33 early childhood intervention programs to demonstrate that persistent effects on children's school performance are not attributable to program effects on parents, but rather to early direct effects on children (Barnett, 1995). Another concluded that the suggestion that parenting education programs are more effective than programs focused exclusively on the child is not supported by the evidence (Clarke-Stewart, 1983). A report of a recent meta-analysis stated, "There is no convincing evidence that the ways in which parents have been involved in previous early intervention studies result in more effective outcomes" (White, Taylor, & Moss, 1992, p. 91). It is argued further that parenting programs alone are not sufficient to produce child outcomes, since appropriate child development is time-bound and cannot wait for effects to occur in parents (Ramey, Ramey, Gaines, & Blair, 1995). A review of the literature on home-visiting programs designed to enhance parenting and help families concluded that these programs were necessary but not sufficient to "guarantee a future for all children" (Weiss, 1993). Finally, in a study of five home-visiting programs aimed at a variety of outcomes, it was found that none was effective in all domains; however, each was effective in at least one domain, generally in the one of most

concentration (Larner, Halpern, & Harkavy, 1992). The authors concluded that "only if the parents actually act different at home will any program effect reach the child" (p. 243).

This research suggests that, although it is possible to use parenting education to increase maternal knowledge, to change attitudes, and possibly to change parental behaviors with children, parenting education is unlikely, by itself, to result in improved child outcomes. This may be because change in parents is too limited or occurs too slowly to affect outcomes for young children. In addition, many parenting education programs try to cut expenses by relying on paraprofessional home visitors, and there is limited research support for the utility of this approach. Professionals may be more likely to interact directly with the children or provide a role model for the child through direct interaction. Finally, it is hypothesized that for home-based services to be effective, parents must believe that their child is vulnerable, that the home visitor is needed to supply something important (Olds & Kitzman, 1993). This is often the case for children at biological risk, but evidence suggests that low-income parents simply do not believe that their children require special parental input to develop well (Sameroff, 1983).

Adult-focused programs

A third strategy, developed in response to increased concern about long-term welfare dependency, has focused primarily on adults and, in particular, the adult single parent of a child or children. Welfare (e.g., AFDC), welfare-to-work programs (e.g., JTPA, JOBS, California's GAIN program), and adult education programs have the dual aim of moving women off welfare into work and improving their economic well-being. Enhancing a family's economic well-being, it is argued, will by itself improve children's life prospects. While child-focused programs can be assessed in terms of their impact on children's school performance and experience, adult-focused programs are asked to demonstrate their success in moving families from welfare to work and moving families out of poverty to economic self-sufficiency.

Adult education. One form of adult-focused program includes adult education and literacy programs such as federally funded adult basic education, adult secondary education, and English as a Second Language programs.

- Most reviews of adult basic education programs have concluded that education and training programs have not succeeded in substantially increasing adults' literacy skills or job opportunities (Datta, 1992; Duffy, 1992; Mikulecky, 1992). Adult basic and secondary education programs have high dropout rates and low levels of intensity, making it difficult to see how they can be expected to produce positive effects (Moore & Stavrianos, 1994). Even when these programs do increase attainment of the GED, the literature seems to indicate that having a GED does not relate positively to enhanced skill levels and is not the economic equivalent of a high school diploma (Cameron & Heckman, 1993; Murnane, Willett, & Parker-Boudett, 1995).

- Adult literacy programs lag far behind in using newer technologies for instruction, even though several major reports, including an Office of Technology Assessment report (OTA, 1993) and an NCAL technology survey (Harvey-Morgan, Hopey, & Rethmeyer, 1995) have highlighted the need for such assistance.

Welfare-to-work and job training. For the past 30 years the federal government has targeted assistance to the welfare population help participants find work and end their dependency on welfare. Examples include President Clinton's 1994 Work and Responsibility Act, the

JOBS program of the Family Support Act of 1988, OBRA and TEFRA in 1981 and 1982, Carter's Program for Better Jobs and Income in 1977, Nixon's Family Assistance Plan in 1969, the Work Experience and Training Projects in 1964, and the Community Work and Training Program in 1962.

- Job training and search programs have small, but positive effects on employment, AFDC receipt, and income. The most recent and comprehensive analysis of the effects of job training and welfare-to-work programs (Fischer & Cordray, 1995) reviewed the findings from 65 major evaluations and concluded that job training and search programs produce, on average, a 3% to 5% difference in employment rate (33% in the treatment group vs. 30% in the control group) and in AFDC rate (73% vs. 71%), a 13% to 19% increase in earnings ($50 to $135 per quarter) and a 3% to 9% decrease in AFDC grants ($50 to $100 per quarter).

- Job search interventions, which focus primarily on finding employment, have early positive impacts on employment and AFDC; basic education programs, which provide education and training with the hope of building sufficient skills for potential employment, have early negative effects followed by later positive effects; and vocational training and on-the-job training programs have negative effects (Fischer & Cordray, 1995).

- Effects are greater for worse-off clients, in terms of education and income. It is important to match such clients to appropriate services, i.e., basic education, job search, or vocational training (Fischer & Cordray, 1995).

- Effective program elements include (1) extensive job development efforts and an emphasis on employment, (2) equal use of job search and basic education approaches, (3) an emphasis on participation and a willingness to use sanctions to enforce participation, and (4) availability of child care (Fischer & Cordray, 1995).

- Welfare-to-work programs have not lifted substantial numbers of adults out of poverty. In spite of the small positive effects noted above, a well-respected review of the impact of welfare-to-work programs has concluded that, although almost all of the programs studied led to small gains in earnings, many participants remained in poverty and on welfare. In addition, the authors voiced concern that even mothers who obtain jobs frequently leave or lose them owing, for example, to lack of transportation or child care and loss of health benefits for children (Gueron & Pauly, 1991).

Given the difficulty of producing substantial effects on employment, income from earnings, and welfare dependency, it is not surprising that research is scant on whether minimally enhanced economic outcomes lead to improved outcomes for children. Some observers question the premise that adult education programs will have benefits for children, arguing that no studies demonstrate that increasing parental job competence and self-esteem are sufficient to enhance outcomes for children, either short- or long-term (Ramey et al., 1995). It may well be the case that large changes in a family's economic well-being would lead to important improvements in child outcomes, but the evidence indicates that so far, social programs have been unable to produce substantial economic improvements in the lives of low-income families.

One review of the effects of job training and welfare to work programs concluded that "if the policy goal is to end poverty or welfare

receipt, then the interventions . . . have clearly failed. If, however, the goal is to increase earnings and decrease welfare receipt, then these programs have generally succeeded" (Fischer & Cordray, 1995, p. 131).

All of this suggests that our expectations about the effectiveness of adult education and welfare-to-work programs for children should be modest. Small reductions in welfare caseloads and modest increases in earnings that fail to lift families out of poverty do not make a convincing case for the long-term, multigenerational success of this approach, by itself.

Two-generation programs

Individually, and even taken in combination, none of the child-focused, parent-focused, or adult-focused approaches has been sufficient to alter the life trajectories of substantial numbers of at-risk children. It has been argued that disadvantaged children and families need a more intensive and encompassing treatment than a year of preschool education, that it is unrealistic to expect that such a brief experience can counteract the effects of the pervasive poverty, violence, and social dislocation that children experience in the inner cities. Further, there is little or no evidence that direct intervention with adults, either through parenting education or other adult education, will translate into benefits to children that, in the long run, lift them out of poverty.

In response, several "two-generation" programs were implemented in the late 1980s and early 1990s (although examples did exist in earlier decades). The two-generation strategy recognizes the multigenerational, multidimensional aspects of family poverty and sets out to attack it on several fronts simultaneously by using key features of each of the three approaches discussed above (Smith, 1995). In the absence of much research on the effectiveness of such a comprehensive and coordinated approach, two-generation programs have proliferated at the local, state, and federal levels. Under the umbrella of a single, integrated approach, two-generation programs seek to solve the problems of parents and children in two contiguous generations—to help young children get the best possible start in life and, at the same time, to help their parents become economically self-sufficient.

Two-generation program model. A simple model of how two-generation programs aim to produce effects for adults and children is shown in Figure 1. It is expected that

- Early childhood education will have a direct effect on children's cognitive performance prior to school entry and may have long-term effects on child outcomes.

- Parenting education will have a short-term direct effect on parenting skills, which, prior to school entry, will have an indirect effect on children's cognitive performance.

- Adult education/literacy/job skills programs will have a direct effect on the literacy and skill levels of parents—which is not expected to translate into short-term child effects.

- The performance of children in elementary and middle school will be enhanced both by their own experience in an early childhood program and by their parent's enhanced parenting skills.

- In the long run (in high school and beyond), all three components of the program will enhance the life chances of parents *and* their children. Both generations are expected to show reduced delinquency, fewer pregnancies, increased ability to be an informed and responsible citizen, and improved economic self-sufficiency including a job and increased income.

Two-generation programs typically feature case managers, whose job can be wide ranging: they coordinate services, ensure that families are enrolled in appropriate services, encourage families to participate fully, provide on-the-spot counseling and crisis intervention, provide some direct service, etc. Two-generation programs typically rely on educational and social services already available in the community instead of creating duplicate service structures, and they provide "support" services such as transportation, meals, or child care so that families can participate in the main programmatic services.

The effectiveness of two-generation programs. The research base on two-generation programs is small but growing. Available reports include a discussion of the characteristics and implementation of several national two-generation programs (Smith, 1995) and a review of six small-scale two-generation service projects with conclusions about implementation problems and implications for two-generation theory (Blank, 1997) . Recently published evaluations of some of the largest and most visible two-generation efforts include national studies of the Comprehensive Child Development Program (St.Pierre, Layzer, Goodson, & Bernstein, 1997), the New Chance program (Quint et al., 1997), and the Even Start Family Literacy Program (St.Pierre et al., 1995).

Comprehensive two-generation programs aim to increase the participation of mothers and children in early childhood education, parenting education, and adult education and job training. Case management services are delivered, services are brokered, and support services are made available and utilized. These comprehensive, multigenerational programs have been implemented, with varying degrees of success, in a very wide range of settings. Evidence about the short-term effects of participating in two-generation programs supports the following conclusions:

- Two-generation programs increase initially the rate of participation of children and their parents in relevant social and educational services. Over time, these

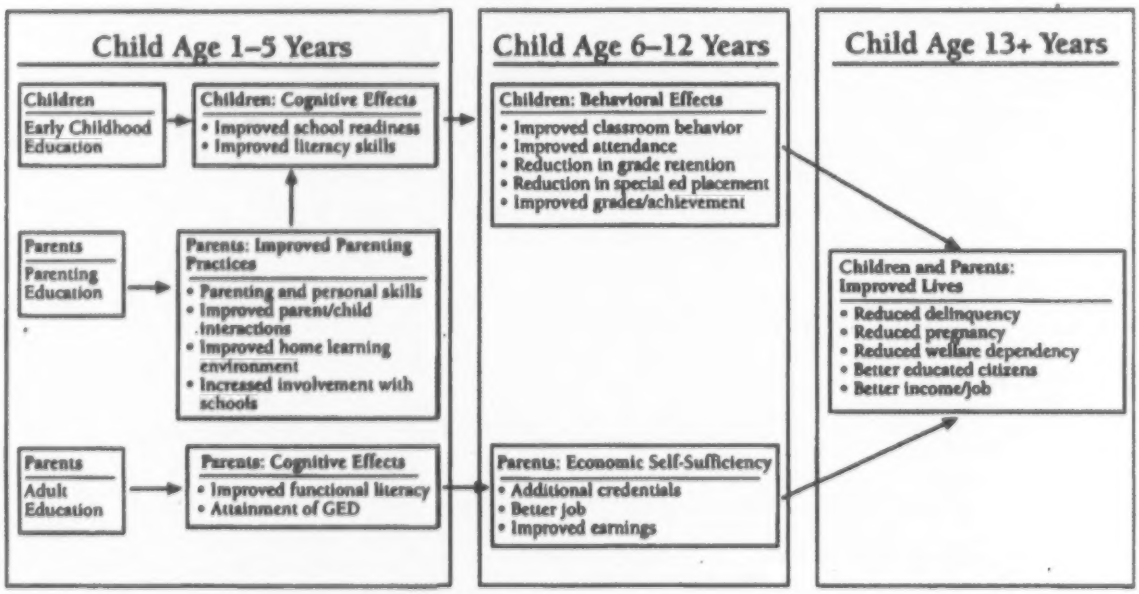

Figure 1: Two-Generation Program Model

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differences in service use diminish or disappear.

- As currently designed, two-generation programs have small or no short-term effects on a wide range of measures of child development.

- Two-generation programs have scattered short-term effects on measures of parenting, including time spent with child, parent teaching skills, expectations for child's success, attitudes about child-rearing, and parent-child interactions.

- Two-generation programs can increase attainments of a GED, but this does not accompany improved performance on tests of adult literacy. There are few effects on income or employment. There are no effects on the psychological status of participating mothers, i.e., level of depression, self-esteem, or use of social supports.

- Analyses show that amount of participation is positively related to test gains and GED attainment.

- There is little evidence that two-generation programs are differentially effective for important subgroups of participants.

- Where there are positive effects, those effects are generally small (except for effects on GED attainment).

This assessment indicates that two-generation programs, as currently designed, have quite limited effects over a 2- to 5-year period. It says little about anticipated long-term effects, but many researchers believe that it is not reasonable to expect long-term effects without substantial short-term effects.

Examining the Assumptions That Underlie Two-Generation Programs

The design of two-generation programs rests not only on the assumptions about poverty and human development discussed earlier, but also on further unstated assumptions about the feasibility of intervening in development, and the best strategies for doing so. As far as we know, program developers and researchers have never formally presented these assumptions—rather, we have deduced them from our understanding of how two-generation programs are thought to operate (see Table 1). Given the apparent ineffectiveness of two-generation programs, it should be helpful to examine these underlying assumptions.

Assumption 1: It is possible to design an intervention program that will lift significant numbers of children out of poverty.

Social reformers in the United States have operated under this assumption for more than 150 years. The desire to help poor, disadvantaged urban children and their parents was a key factor in the creation of America's early 19th-century infant school programs (Vinovskis, 1996). In the middle of the 20th century, the Johnson administration's War on Poverty of the 1960s provided the impetus for several decades of programmatic attempts to improve the lives of low-income families.

Some of the social programs currently in place in the United States choose to focus on children, providing early childhood experiences designed to improve the chances for success in later schooling (e.g., Head Start or the Infant Health and Development Program). Other programs work with pregnant women to improve birth outcomes and with mothers and their newborn children, assuming that physically healthy children have a better chance of success in all aspects of life (e.g., the WIC program). Still other programs attack the problem indirectly by providing job training and educa-

Table 1
Theoretical Assumptions and the Research Evidence

ASSUMPTION	RESEARCH EVIDENCE
Assumptions about Early Childhood Development Child development is a complex, dynamic process, influenced by multiple factors that interact as parts of a larger ecosystem.	**Supported:** Widespread agreement in the research community about the importance of viewing child development as part of a large system (Bronfenbrenner, 1979; Ramey & Ramey, 1990).
A child's early experiences are critically important for healthy development.	**Supported:** General agreement on the critical nature of early experiences for healthy development (Bowlby, 1973; Chugani, 1993; Zuckerman, 1991).
Poverty adversely affects children's early childhood development through multiple mechanisms and threatens their chances for success in life.	**Supported:** Extensive research supporting negative effects of poverty on development (Starfield, 1991; Sameroff & Chandler, 1975).
Assumptions about Intervening in Child Development It is possible to design an intervention program that will accomplish the long-term goal of lifting significant numbers of children out of poverty.	**Not Supported:** Limited research evidence supporting this position: positive effects for child development programs (Barrett, 1995); no effects of parenting programs on children (Karweit, 1994); small effects of adult ed/job training programs on adults (Fischer & Cordray, 1995); no effects on children.
Assumptions about Effective Intervention Strategies Services will be more effective if they are broadly focused on the family as a whole, rather than just on mothers or just on children.	**Partly Supported:** Builds on several research traditions, including child development studies (Bronfenbrenner, 1979), family systems theory (Vincent et al., 1990), and clinical interventions (Greenspan, 1990).
Low-income families have multiple needs for services.	**Supported:** Substantial evidence backing up this proposition (Tso, Gamse, & Tarr, 1998).
Most or all of the resources and services needed by low-income families already exist in most communities and are adequate to address their needs.	**Partly Supported:** Most communities have a range of services, but they are inadequate in terms of quality or intensity to meet the needs of low-income families.
Low-income families are unable to access many existing services without assistance because of lack of knowledge or problems in the service delivery system.	**Not Supported:** Substantial evidence that low-income families are successful at accessing existing services (Doolittle & Robling, 1994; St.Pierre et al., 1995).
To be effective for low-income families, existing services need to be coordinated.	**Not Supported:** Little research evidence to back up this assumption.
The best way to improve child outcomes is to focus on improving parents' ability to parent their children, rather than providing an educational intervention directed at the child.	**Not Supported:** Extensive research that posits effects on children are best achieved by focusing on children rather than through parenting education (Campbell & Ramey, 1993; Yoshikawa, 1995).
Services for families will be effective if they begin as early as possible in the life of the child; it may take multiple years to achieve the program's goals.	**Partly Supported:** Some evidence that early childhood programs are more effective if they start early and deliver services for multiple years (Ramey & Ramey, 1992).

tion to adults (e.g., the JOBS program) in an attempt to change the economic circumstances of the child's upbringing. Whether the focus of the program is on education, vocational training, or job skills, and whether the participants are infants, young children, teenagers, or adults, the basic intention and logical end point of social programming in the United States over the past 30 to 40 years is to improve children's life chances and help break the cycle of poverty.

As already discussed, however, studies have failed to identify a programmatic solution to the problems faced by children in poverty. In spite of positive short- and medium-term effects of early childhood programs and some longer-term benefits documented by the few studies that have followed children into their 20s (e.g., Boocock, 1995; Schweinhart et al., 1993), there is no evidence that early childhood programs are able to systematically move children out of poverty. Even the children who participated in the widely hailed Perry Preschool project continued to be in poverty when they were last interviewed (Schweinhart et al., 1993).

Welfare-to-work and manpower development programs also show small positive effects, but "manpower programs . . . have not eliminated, or even substantially reduced, poverty among the working age population, but they have made a modest difference in the lives of many who have participated in them" (Burtless, 1984, p. 22). We can adduce possible explanations for the limited impact: The intervention came too late in the child's life; the duration was too short; the interventions focus was too narrow; or the services provided were only a subset of what was needed.

Ramey and Ramey (1992) derived a similar set of principles for program design. They propose that the most effective interventions for children

- begin earlier and last longer,
- are more intensive and have active participants,
- deliver services directly to children, and
- provide comprehensive rather than narrowly focused services.

They also posit that programs need to respond to differences in children's learning styles and provide ongoing support, if early effects are to be maintained.

Assumption 2: Services will be more effective if they are focused on the whole family, rather than just on mothers or just on children.

Any effort to positively affect children's development needs to recognize the crucial role of the family context. Outcomes of programs that focus only on children or only on adults have been disappointing. In spite of the reported positive effect of short-term and long-term early childhood education programs (e.g., Barnett, 1995), research has failed to show that an early childhood program, by itself, can make the kinds of changes necessary to move children out of poverty—to put them on an altered life trajectory. Likewise, services delivered directly to parents, such as job training and educational services, have not been shown to lift adults out of poverty (e.g., Fischer & Cordray, 1995). Two-generation program developers have made the assumption, thus, that broadening the scope of service provision to include the entire family would be a better way of breaking the cycle of poverty for adults *and* children.

This assumption also rests on the work of Bronfenbrenner (1979) and others who have emphasized the importance of the family as the context in which the child develops. The family systems perspective, which complements the ecological approach, views the family as an organized system composed of interdependent re-

lationships or subsystems (Chase-Lansdale, Brooks-Gunn, & Paikoff, 1992). Membership of and roles in these subsystems (e.g., parental, sibling, spousal, extra familial) change over time and with different circumstances. Within a family systems perspective, individual problems or dysfunctions are seen as symptomatic of family dysfunction. To alleviate family dysfunction involves taking into account each family member as well as the behavior of the family as a unit, acknowledging the multiple causes and the dynamic nature of behavior within the family (Krauss & Jacobs, 1990). Adoption of the basic tenets of the ecological and family systems perspectives is held to be critical to an understanding of how best to intervene to promote optimal development (Vincent, Salisbury, Strain, McCormick, & Tessier, 1990).

Clinicians, too, have expanded their view of child development to include family, cultural, and social factors. The traditional psychodynamic perspective of development, for example, has expanded to include multiple lines of development (physical, cognitive, social-emotional, and familial) in a context of family and other social factors (Greenspan, 1990). Through such an approach the clinician considers and works with parents' attitudes and feelings, family relationships, the system of available health and mental services, support services available to the family, and the home environment.

Some recent early intervention programs share this assumption about the critical role of the family in enhancing children's growth and development, and consequently provide services to both parents and children. Included are the Head Start Family Service Centers (Swartz, Smith, Berghauer, Bernstein, & Gardine, 1994), the Even Start Family Literacy Program (St.Pierre et al., 1995), New Chance (Quint et al., 1997), and the Comprehensive Child Development Program (St.Pierre et al., 1997). Some are called two-generation programs, while others are called family support programs. These initiatives vary in their comprehensiveness, structure, and the length of participation expected (Smith, 1995).

If we assume that services must be provided to the family as a whole, the next steps involve deciding which services to provide, where to obtain them, and how best to deliver them—which prompts further related assumptions.

Assumption 3: Low-income families have multiple needs for services.

Families living in poverty can face a myriad of problems, including inadequate housing, lack of jobs at their skill level, unfinished education, lack of transportation, lack of safe, reliable, and high-quality child care, and inadequate access to health care. Recent research on the backgrounds of participants in federally funded social programs shows such problems to be highly interrelated; although not all low-income families experience all of them, most are struggling with several of them (Tao, Gamse, & Tarr, 1998).

Because two-generation programs aim to be comprehensive in nature, they attempt to address the multiple problems of families. But also because they must operate within fixed funding, they often take a broad-brush rather than an intensive approach, offering a wide variety of services, sometimes to multiple family members. This practice runs counter to consistent research findings—that the best way to achieve positive effects is to provide intensive services directly to the individuals that you hope to affect (Ramey & Ramey, 1992; Yoshikawa, 1995). Thus, there is a tension between comprehensiveness and intensity of services: too often a great number of services are provided, but none is sufficiently intensive to make a difference.

Assumption 4: Most or all of the resources and services needed by low-income families already exist in most communities.

Many two-generation programs were developed under this assumption. Relying on existing service providers stands to avoid

duplication of services, if, indeed, the needed services do exist at the local level and are of sufficient quality and intensity.

Almost every community provides some health, educational, and social services. But to pull families out of poverty may require more than the usual: a broader set of quality services and a more intensive implementation. Services may need to include educational and training programs that prepare families for employment; available jobs that pay an adequate wage; adequate housing; a supply of high-quality child care; good health care and mechanisms for paying for it; and treatment facilities for families struggling with mental health or addiction problems.

Evidence suggests that most local services are not of sufficient quality and intensity to affect families' poverty status. To produce large effects on children, programs must be high-quality and high-intensity, as demonstrated in studies of the Perry Preschool program and the Infant Health and Development Program. A high-intensity program such as the Infant Health and Development Program (IHDP, 1990) uses a carefully specified curriculum to provide a full-week, full-year program for children from 1 to 3 years of age. Short-term cognitive effects on children are 5 to 10 times that of low-intensity programs. In another study, it was concluded that the most effective early childhood interventions included intensive child and parent services that involved a center-based program for children and meetings with parents on a weekly or semiweekly basis for at least a year. Low-intensity parenting components did not add to the effectiveness of a high-intensity child component (Wasik & Karweit, 1994).

What might constitute a high-quality parenting or adult education/job training program is ill-defined, however. Research on adult education programs and our own observations suggest that most adult education programs tend to replicate the poor high school settings in which participating adults initially failed. In communities where this is the case, the two-generation strategy of using existing community-based adult education services is doomed to failure. If we are serious about incorporating high-quality adult education into two-generation programs, then better approaches must be developed.

Assumption 5: Low-income families are unable to access many existing services without assistance because of lack of knowledge or problems in the service delivery system.

Many two-generation programs assume that what is needed is improved access to existing services. Many policymakers and practitioners believe that service delivery systems in most communities are fragmented and difficult for families to access, with eligibility criteria varying by program. This is the logic underlying current sentiments to disband categorical programs in favor of more integrated and seamless approaches to social service provision. Two-generation program designers assume that their aims can be accomplished by working within the existing service delivery system, using a case manager to coordinate and streamline existing resources and to refer families to locally available services.

Research evidence partly refutes these assumptions, demonstrating that low-income families are not helpless; they may understand local service systems and are able to avail themselves of existing services. Studies show that families randomly assigned to control (nontreatment) groups are able to access many services and achieve relatively high levels of service utilization, with beneficial effects (e.g., Doolittle & Robling, 1994; St.Pierre et al., 1995; St.Pierre et. al., 1997). A larger percentage of program families than control-group families were found to report that they received a given service, but in many cases the differences were small.

These findings raise question with the case management structure. If many or most families are able to access services without intervention,

then either case management is not particularly effective at ensuring service delivery, or the assumption that low-income families have difficulty accessing services is unfounded.

Assumption 6: To be effective for low-income families, existing services must be coordinated.

Program developers have hypothesized that the problems of low-income families cannot be alleviated without integrated intervention (National Commission on Children, 1991). Two-generation programs often operationalize their service delivery approaches by providing each family with a case manager (as well as a multidisciplinary staff) whose role it is to assess needs, provide some direct service, and ensure that families receive existing social, educational, and health services.

There is no evidence, however, that this model is effective. Two-generation programs often provide tests of the currently popular model of case management combined with integrated service provision. A few examples follow:

At the federal level, the Comprehensive Child Development Program provided a very broad range of health, educational, and social services to low-income families over a 5-year period. Case managers were the key service delivery personnel in CCDP, conducting biweekly home visits to provide counseling, parenting education, and child development services and to make and broker referrals to existing service providers. The final report from the CCDP national evaluation showed no effects on participating families (St.Pierre et al., 1997).

Also at the federal level, the Even Start Family Literacy Program provides three main programmatic components: early childhood programs for children and parenting training and adult education for parents. Although it offers fewer services over a shorter period of time and is substantially less intensive and expensive than CCDP, Even Start projects do have staff acting in the role of case manager (family worker, family advocate, etc.) and are mandated to use local existing services to avoid duplication of effort. A national evaluation found that Even Start participants changed over time (e.g., children's test scores increased, mothers became less depressed) and the adults were more likely than control-group adults to obtain a GED (St.Pierre et al., 1995).

Several state-level, school-based projects using this model have been undertaken in California, New Jersey, Texas, and other states. Evaluation results from studies of these initiatives are either not yet available or are based on weak research designs that lack control or comparison groups. Given the findings from randomized studies which show that control-group families make important changes in their lives over time, we worry about the utility of evaluations that fail to include controls. We need studies that allow a comparison of program and control-group gains.

The case management model has been tried in other fields. The Fort Bragg Child and Adolescent Mental Health Demonstration, for example, funded at $80 million by the U.S. Army, used case management to coordinate several agencies in the delivery of mental health and substance abuse services. An evaluation of this program came to many of the same conclusions reached by the CCDP evaluation: the demonstration had a systematic and comprehensive approach to treatment planning, with enhanced parental involvement, strong case management, individualized services, a wide range of service, continuity of care, less restrictive environments, and matching between services and needs (Bickman, 1996). In face of such positive implementation, the program showed no positive effects on child-level outcome measures. Comparison-group children who participated in a less expensive, fragmented system of care, without case management, did as well clinically as children in the demonstration. This same pattern of findings—good implementation of an integrated case management service delivery system, followed by no effects on program partici-

pants—has marked other recent studies of child and adolescent mental health services (e.g., Burns, Farmer, Angold, Costello, & Behar, in press; Cauce, Morgan, Wagner, & Moore, 1995; Huz, Evans, Morrissey, & Burns, 1995).

Assumption 7: The best way to improve child outcomes is to focus on improving parents' ability to parent their children, rather than directing an educational intervention toward the child.

Parenting education is an integral part of most family intervention programs, under the quite reasonable assumption that many low-income parents may lack the skills needed to be a good teacher of their children. Some developers of early childhood programs extend this assumption, holding that parenting education is an effective method (as effective as a child-focused intervention) of delivering early childhood education services to young children, particularly in the first 3 years of life (e.g., the Parents as Teachers program).

Evaluations of two-generation programs call into question the wisdom of relying too heavily on "indirect" intervention impacts on children, especially when compared with the larger effects of more child-focused, developmental programs. Most researchers conclude that children are best served by programs that provide intensive services to children directly for long periods of time, instead of trying to achieve those effects by delivering parenting education to parents (Barnett, 1995; Campbell & Ramey, 1993; Ramey & Ramey, 1992; Yoshikawa, 1995).

Assumption 8: Services for families will be effective if they begin as early as possible in the life of the child and are sustained over multiple years.

Many social and educational programs do not begin until the child is 4 years old, and then the intervention is brief. This is thought to explain the lack of apparent effects. Many programs, for instance, operate over a school year (e.g., Head Start) or a semester (e.g., many adult education programs). Others last only for a short period, accepting that the effects will be limited. Although we know of no studies that systematically vary the length of exposure to an intervention over a multiple-year period, some evidence suggests that early childhood programs that start early and deliver services over a 3-year period (e.g., the IHDP and Abecedarian projects) have shown more cognitive effects, even if short-term, than most other early childhood programs.

The CCDP program, for example, was designed to achieve its goals for families over the 5-year period between the birth of a child and the child's entry into school. This spans a longer period of time than almost any other social program; it is meant to ensure the child's readiness for school and allow enough time for parents to develop the capacity to secure jobs that pay adequate wages and provide benefits.

Summary of evidence on two-generation assumptions

Although research evidence supports some of the assumptions underlying two-generation programs, others are not supported or are directly contradicted by evidence (Table 1). There seems to be solid agreement about the validity of the three assumptions about early childhood development discussed at the start of this report: that child development is a complex, dynamic process; that a child's early experiences are critically important; and that poverty adversely affects early development. Also, there is solid support for the proposition that low-income families have multiple service needs. But there is only partial evidence supporting contentions that services will be more effective if they are focused on the whole family, rather than on individual family members; that services for families will be more effective if they begin as early as possible in the life of

the child; and that communities already have the resources and services most urgently needed by low-income families. Finally, evidence fails to support contentions that low-income families are unable to access existing services; that existing services need to be better coordinated in order to be effective; that the way to improve child outcomes is to focus on improving parenting skills; and that any of the currently available intervention approaches will lift substantial numbers of low-income children out of poverty.

This assessment shows that the theory underlying the development of two-generation programs is faulty. If we have the lofty goal of lifting large numbers of families out of poverty, or even if we have the more modest goals of producing important, large positive effects on short-term or medium-term outcomes for children and parents, we will have to adopt a different approach.

Conclusions

We have summarized research findings showing that single-component programs focused on children or on parents and broad-based two-generation programs do not and most likely will not lift significant numbers of children and families out of poverty. Even when programs are reported to be "successful," effects are small. Current welfare reform efforts face an uphill task. Evidence suggests that it is unlikely that substantial numbers of families can move from the welfare rolls into work in two years, or, for that matter, in any amount of time. These findings are sobering but not surprising—as currently formulated, social and educational intervention programs may be struggling to fix problems that are beyond their grasp.

These conclusions do not mean that we should abandon the 9 million poor children in this country who need assistance. These children live in families that are deep in poverty, facing the most adverse circumstances of substandard housing, substance abuse, inadequate incomes, and dangerous neighborhoods. However, without the societal will to make direct and dramatic changes in the economic circumstances of low-income families, policymakers will have to continue to rely on programs such as the ones reviewed in this article as a second-best solution to helping low-income families. If this is the case, it is important to examine and revamp the assumptions that drive these programs.

We are not program developers or program implementers. Rather, we examine and evaluate programs, and believe that research evidence ought to be used in designing and improving interventions. While we cannot hope to specify a new program or policy that will lift children out of poverty, we can use our conclusions about the theory underlying two-generation programs to pose questions to those who will design the next generation of programs and policies.

Where should program designers focus efforts to obtain the best results?

Policymakers and planners have tried targeting interventions at children, parents, and entire families—and found them wanting. Planners might now consider more seriously interventions that focus at the institutional level on units such as schools, churches, hosptals, or entire neighborhoods.

Can we rely on existing service systems?

Two-generation theory hypothesizes that most communities have a service mix adequate to meet the needs of low-income families. Research shows that many different services do exist, but their quality and availability is quite variable. Planners ought to consider that existing services are probably inadequate to address, for example, the housing, mental health, substance abuse, literacy, and language needs of

low-income families with young children.

Are low-income families able to access existing services?

Two-generation theory suggests that access to services is a major problem for lowincome families. This may well be the case for certain families, but on average, low-income families seem able to avail themselves of existing services. Planners should consider that if services are appropriate, low-income families can probably access them without external intervention.

Is there a need for "service coordination"?

Two-generation theory says "yes," because the existing service system is messy and difficult to deal with. But research shows that pouring huge amounts of money into service coordination does not alter outcomes for children or adults. Improved service delivery system may, however, reduce service costs.

What kind of research is important?

We urge program funders and developers to continue demanding that high-quality experimental research be part of any new program or policy. Without such research, we cannot know what about a program works or doesn't work. Most other social science researchers have reached this same conclusion. The Manpower Demonstration Research Corporation, for example, has undertaken a study of the New Hope Project, a three-year demonstration designed to test the effect of subsidizing work for low-income individuals. MDRC researchers have written that "the underlying pattern of employment, income, and welfare receipt is represented by the behavior and experiences of the control group. These underlying conditions cannot be ignored, for there is often considerable change over time in the income and welfare receipt of poor households" (Doolittle & Robling, 1994, chap. 2, p. 1). Our own experience with measuring change in control-group families in the national CCDP and Even Start evaluations confirms these observations (St.Pierre et al., 1995, 1997). The evidence is clear—we cannot rely on weak research designs if we are interested in learning about the effectiveness of social interventions.

To sum up, it is time to retrench. It is time to rethink the assumptions that underlie current social programs. It is time to invest in research which can help revise the theory and assumptions about what types of interventions will be most helpful for at-risk families and their children.

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